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ABSTRACT

Making psychologists in schools indispensable is essential if psychology in education is going to survive and prosper during the 21st century. This book presents the reflections of 27 leaders in the field of school psychology on the issue of what can make psychologists in schools indispensable. Chapters are: Becoming Indispensable Through Mental Health Promotion (J. Sandoval); Indispensability: The Holy Grail (G. Trachtman); Recycling the Basics for Evolving Schools: Psychologists as Fulcrums for Leveraging Improved Schooling (J. French); Becoming Essential: Rethinking the Practice of School Psychology (B. Doll); The Educare Psychologist: Re-Inventing School Psychology and Schools for the 21st Century (F. Farley); Excellence, Relevance, and Passion: The Motive Power of Indispensability (R. Talley); Five Themes to Enhance the Value of Psychology to Schools (R. Abidin); One Way of Looking at the Future: A Plan for Creating Value in School Psychological Services (B. Phillips); Psychology in Schools Is Indispensable: An Administrative Perspective (J. Jackson); Enduring Expertise of School Psychologists and the Changing Demands of Schools in the United States (P. Harrison); Making Psychologists Indispensable in the School: Collaborative Training Approaches Involving Educators and School Psychologists (W. Pryzwansky); Replacing Schools with Children: Making Psychologists Indispensable to Schools and Communities (R. Short); Responding to School Needs: The Role of the Psychologist (J. Cummings); The School Psychologist as Citizen of the Learning Community (S. Rosenfield); Listening to Our Clients: A Strategy for Making Psychology Indispensable in the Schools (M. Brassard); Making Psychologists Indispensable in Schools: Do We Really Have To? (T. Kubiszyn); Psychologists in the Schools: Routes to Becoming Indispensable (D. Tharinger); Turning Imperfection into Perfection: Some Advice for Making Psychology Indispensable in the Schools (F. Medway); Advancing Knowledge in Schools Through Consultative Knowledge Linking (T.

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Third Annual Institute on Psychology in Schools:
Issues for Trainers, Administrators, and Practitioners

Making Psychologists in Schools Indispensable: Critical Questions & Emerging Perspectives

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Introduction

Making psychologists in schools indispensable—all psychologists would agree that this is essential if psychology in education is going to survive and prosper during the 21st century. Yet how much do we know about what makes a psychologist functioning in school settings indispensable? Many journal articles conclude by offering recommendations, including practice-oriented ones. But do they provide guidelines on the "indispensability" of psychologists to the education enterprise? This may occur in part, but one would have to read a variety of journals on a constant basis and synthesize the recommendations to determine if patterns of indispensability emerge. For most busy and usually over-booked practitioners, this would present a daunting task.

In this book, we have made the task of defining indispensable psychologists in schools an easy one. We've asked the best—the leaders in the field of school psychology—to offer their unique perspectives on the issue. In each short, focused chapter, psychology leaders at various stages of their careers and from diverse geographical regions, theoretical orientations, and practice backgrounds have reflected on what can make psychologists in schools indispensable. Their 27 lively and creative responses may be found within the covers of this book. We found that reading each response is like taking a journey into the minds of professionals we greatly respect and allowing them to be our guides into the future. We hope that after reading the book, you will share our enthusiasm for the wisdom and insight presented on these pages.

Making Psychologists in Schools Indispensable: Critical Issues and Emerging Perspectives was developed as a companion document for the Third Annual Institute for Trainers, Administrators, and Practitioners held on August 8, 1996, at the convention of the American Psychological Association (APA). It was co-sponsored by the APA Center for Psychology in Schools and Education, APA Policy and Advocacy in the Schools Program, the Council of Directors of School Psychology Programs, and the APA Division of School Psychology's Administrators of School Psychological Services Group. Members of the Institute Planning Committee included: Loeb Aronin, Ed.D.; Marla Brassard, Ph.D.; Robert J. Illback, Psy.D.; Tom Kubiszyn, Ph.D.; Sharon Shindelman, M.A.; Rick Jay Short, Ph.D.; and Ronda C. Talley, Ph.D. We would like to thank all the Institute Planning Committee members for the many efforts they contributed to make the Institute so very

successful.

We would also like to thank Garry R. Walz, Ph.D., Director of ERIC/CASS, and Jeanne C. Bleuer, Ph.D., Associate Director, for their labors in collaborating with APA to make this volume become a reality. Their partnership in any common professional endeavor is always a pleasure; in producing this particular book, it was a special treat.

We hope you are inspired and intrigued as you read chapter after chapter in *Making Psychologists in Schools Indispensable*. You are reading the words of some of the greatest minds in school psychology; how to act upon these future trends for our profession rests with you.

Ronda C. Talley, Ph.D.
Tom Kubiszyn, Ph.D.
Marla R. Brassard, Ph.D.
Rick Jay Short, Ph.D.

Foreword

The American Psychological Association and ERIC Counseling and Student Services Clearinghouse are proud to present this major collaborative volume. Extremely tight timelines and dedicated professional participation have created an opportune, quality, and indispensable publication. Developed as a resource for the APA Third Annual Institute for Trainers, Administrators, and Practitioners, this work has value for a wide range of psychological specialists and will be extensively used. Its inclusion in the ERIC database, as well as its availability in hard copy from APA and ERIC/CASS, will promote the dissemination and utilization of important new information and concepts: a priority of ERIC/CASS.

As one of the ERIC (Educational Resources Information Center) information system clearinghouses, our motto is: "Improving Decision Making Through Increased Access to Information." Thus, a major reason for entering into this collaboration with APA was the opportunity it provides us to more fully acquaint APA members and other human services professionals with the benefits that accrue from regularly using ERIC resources and contributing documents to our continually growing, professionally relevant database. In addition, this publication serves to reinforce the desirability of collaboration between the APA Center for Psychology in Schools and Education and ERIC/CASS.

Another major benefit of this collaboration has been the opportunity to work with Ronda Talley and other APA editors and authors. Ronda's compelling professional vision and infectious enthusiasm make working with her both intellectually rewarding and personally enjoyable.

I would also like to acknowledge the exemplary work of our Assistant Director of Creative Services, Kaye Davis, in completing the desktop publishing and Jillian Barr Joncas for her usual fine job of editorial assistance.

We are confident that you will find the use of this publication highly rewarding and hope you will turn to ERIC/CASS as one of your primary information sources in the future.

Garry Walz, Ph.D., NCC
Director and Senior Research Scientist, UNCG
Professor Emeritus, University of Michigan

Making Psychologists in Schools Indispensable: Critical Questions and Emerging Perspectives

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Historical Perspectives on Indispensability

Chapter One

Becoming Indispensable Through Mental Health Promotion

Jonathan Sandoval

At first glance, it would seem as if mental health and education are different topics, particularly to our educator colleagues. Many teachers and others will argue that the educators' job is to teach children, not to improve children's mental health. For example, the current reform movement does not speak to children's emotional development. Our national education goals exclude any mention of mental health. The irony is that if educators do teach children well, they will have a positive impact on children's mental health. The dichotomy between the intellectual and the emotional is not a useful one.

We in school psychology too often reinforce the distinction. The pendulum swings between the two extremes in our literature. As an example, there is often a contrast between mental health consultation and instructional or behavioral consultation. Mental health consultation is misunderstood to be about the mental health problems of children and teachers when in fact the objective is to improve the educational effectiveness of teachers resulting in better educational experiences for children.

In fact, both educational attainment and mental health are part of the whole development of the child. Learning depends on a certain level of mental health (and physical health) and mental health grows with the competencies developed through learning. School psychologists are indispensable in the schools because they alone bridge the gap between learning and mental health. They become even more in demand when they demonstrate that they can leverage mental health through educational interventions and can leverage educational progress through attention to children's mental health. Through prevention, both may be facilitated simultaneously.

Background

Historically, school psychologists have been concerned with how education facilitates mental health and vice versa. Lightner Witmer, one of the founders of the specialty, conceptualized the field of clinical psychology but also discussed a companion field, orthogenics (which did not catch on in the same way as "clinical psychology"). Orthogenics is...the name of a science which concerns itself with the restoration of those who are retarded or degenerate to a condition where normal development becomes a possibility....The prevention and cure of retardation and degeneration on a large scale is beyond the power of the representatives of any branch of science. It must be undertaken by society, and above all by the teacher in the school room...The problem of the schools, therefore, is to educate, which means today to foster normal mental, moral and physical

development during the most important years of the child's life, from six years of age until early adolescence". (Witmer, 1909).

Witmer knew of Freud's work and referred to it in his writings (Witmer, 1925), but he preferred the approach of orthogenics rather than one-to-one counseling to facilitate normal development. The methods of psychoanalysis were not viewed as easily imported into working with school children, probably because of the perceived emphasis on sexuality, a forbidden topic in the schools of the time.

Another great historical figure, Erik Erikson also recognized the role of education in the emotional well being of children. He believed that the task (work) of childhood is to learn culturally valued skills and knowledge, especially those competencies taught in this culture by the schools. To fail in this task means to develop attitudes of inferiority that will influence later emotional development and problems in adolescent and adult mental health. For children there is inherent motivation to achieve competence or effectance that can be used to facilitate learning and lead to states of satisfaction when meaningful competence is achieved. When the achievement of acompetence such as reading is frustrated, bad outcomes are to be expected.

The humanists, particularly as represented by the work of Carl Rogers, championed the idea of self, and attitudes about self. Much of educators current concern with self-concept can be traced to this movement. But self-concept must be realistic and earned through meaningful achievement. By itself, it cannot be a focus of direct inputs to achieve mental health, but should serve as a useful outcome to test the effectiveness of our efforts. We cannot give unearned praise or pretend a child is successful or prevent a child from comparing him or herself to others in the hope of improving self-concept. True accomplishment must come first; mental health and healthy self-concepts are an abstract outcome derived from successfully overcoming challenges. We know from social psychology that a change in behavior leads to attitude change, not the reverse.

There is little question that behaviorism contributed a great deal to our understanding about how to bring about behavior change. The tools psychologists and educators need to help children shape their behavior to become competent and efficient learners are at hand. The principles of social learning theory continue to evolve, providing us with an important framework for helping children become successful and thereby improving mental health.

More recently, with the cognitive revolution in psychology, the focus has shifted to concern with ego processes and ego development in discussions of stress, coping, and the development of resiliency. Instead of emphasizing the pathological, researchers and theorists have attended to the tasks and skills children must develop to successfully negotiate crises. It is clear that many of these competencies are cognitive in nature and can be developed and taught in children. Social problem solving skills, emotional management, and overcoming developmental and environmental challenges leads to later success and mental health in children.

Facilitating Healthy Development

How specifically does the school psychologist go about the task of facilitating healthy emotional and cognitive development? Techniques vary depending on the severity of the problem and the level of prevention (i.e., whether it is aimed at the entire childhood population, at those at risk, or those who manifest a condition). Here are a few points on the continuum.

At the mild severity-primary prevention end of the spectrum, school psychologists are indispensable because they promote a quality education for all children through the consultation process. Consultation involves helping teachers solve work problems through a collaborative

points on the continuum.

At the mild severity-primary prevention end of the spectrum, school psychologists are indispensable because they promote a quality education for all children through the consultation process. Consultation involves helping teachers solve work problems through a collaborative process. If it is successful, the outcomes will be classroom environments or rich curriculum content presented in a developmentally appropriate way taking into account individual differences in children. Other forms of teacher development and parent education can also achieve these ends.

At the next level of severity and population is an attention to helping children moderate normal developmental crisis events. Developmental crises (Sandoval, 1988) are events such as changing school, the birth of a sibling, the loss of a grandparent and so on that come about at a result of normal developmental processes. The transition to adolescence is particularly troublesome for many children. By creating programs and through brief counseling or environmental interventions, children may be assisted to develop the skills to negotiate changes in status which will promote mental health for a lifetime.

At the next level of intervention, focusing on children at-risk of a health, mental health or educational problem, comes early intervention. Quickly identifying children not making normal progress and doing something about it is the essence of early intervention. We can be sure that programs such as reading recovery, a systematic approach to nonpromotion, and peer tutoring are operating successfully in our schools. These programs usually involve others in multi-disciplinary teams, but our expertise and leadership are needed.

Children become at severe risk when traumatic crises occur. The death of a parent, a natural disaster, an attempted suicide, and so on call for our attention. We can and should involve other helping professionals from the community in working with children and families during this time, but the school can be prepared with crisis response teams to provide an immediate response (Brock, Sandoval, & Lewis, 1996).

For the most severe problems, we have a role to play in the identification and planning for children with special educational needs. We will always be indispensable in these roles.

Some school psychologists will have the time, sanction, and training also to have a role in providing counseling and psychotherapeutic services. Working with individual and groups and creating a cadre of peer helpers is an important role for school psychologists.

Encompassing all of these strategies is the development of partnerships with others concerned with children and families. The establishment of collaborative agreements with social service, health, mental health, business, and community-based groups can lead to the delivery of integrated and seamless services appropriate to community needs. With coordination, services may be delivered more efficiently and comprehensively, avoiding fragmentation and duplication. With these efficiencies it is possible to emphasize prevention along with early intervention (Romualdi & Sandoval, 1995).

Assuming a Role in Promotion and Prevention

What will it take for psychologists to become preventionists? First, I believe it is necessary for school psychologists to become familiar with research-based models of the causes of the conditions we wish to prevent and to have a clear notion of normal development. If we have a model of the causes of, for example, adolescent suicide, we may better select points at which to intervene or ways we may screen children so they may be identified for early intervention. We may also use the model as a basis for educational programs for children, parent and teachers. Knowing, for example, that impulsivity, romantic ideas about

death, and poor social problem solving are related to adolescent suicide and that suicidal youth more often confide with peers rather than adults, we can designed tailored programs in the schools to include these features (see Davis & Sandoval, 1991).

Next, I believe explicit training in prevention/promotion is a key. Explicit study of prevention science will provide a basis, but accompanying the study of stress, coping, resiliency, public health models, and other topics should be the study of normal child development. The emphasis in prevention is not on pathology but on health and the barriers to normal development. Exploring the multiple causes of failed development is important, as is investigating model programs to assist children avoid less healthy behavioral paths, such as substance abuse and violence. This curriculum is not as concrete and circumscribed as the study of psychometrics and child assessment, but it will enable school psychologists to make a powerful difference.

Although this may be a somewhat radical suggestion, I would also argue that effective school psychologists in a health promotion role must have an extroverted and norm-favoring personality (Davis & Sandoval, 1992). They must be entrepreneurial and able to work with others to originate and maintain programs in the face of apathy and resistance. This hypothesis may have implications for selection of students into our field, or it may point to a further specialization within school psychology of the preventionist.

A final condition necessary for school psychologists to function in a health promotion role is social system sanction. School administrators and governing boards must support this role. Gaining this support requires repeated demonstrations that preventive activities are effective and save money in the long run. We must scrupulously evaluate the programs we create and constantly present outcome data that demonstrate we have helped children and families become healthy and productive citizens. It is possible to demonstrate success as others have done (Price, Cowen, Lorion, & Ramos-McKay, 1988). When we show that prevention works, we become indispensable.

Conclusion

School psychologists must concern themselves equally with intellectual, social, and emotional development if they are to promote health. There are many model prevention programs with a good research basis that may be replicated. There is a good scientific basis for preventive practice. The schools are a unique place to work and a key agency (along with the family) to facilitate mental well-being through cognitive and affective competence. School psychologists will always be concerned about special education and we must shift to earlier intervention, assessment, and prereferral intervention. But we must also look to future program development roles and use our consultation skills with the goal of health promotion. We must continue to work with others in multidisciplinary teams transcending school boundaries to provide comprehensive services to children and families. Establishing new roles is difficult in these financially troubled times, but with good science, school psychologists can return to the promise and ideas of Witmer and other pioneers in school psychology.

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Chapter Two

Indispensability: The Holy Grail

Gilbert M. Trachtman

The Mission: Your mission, should you choose to accept it, is to contribute a brief chapter on how psychologists can work to make psychologists in schools indispensable.

The Process: Weeks of rumination, sifting through previous papers I've written for golden kernels of truth. Searching for answers in papers by esteemed colleagues. Listening to my students sharing externship and internship experiences with their fellows, hoping for a new insight to emerge from their energetic processing. And, finally, acknowledging the futility of the quest.

The Conclusion: Mission impossible.

As a young parent with limited budget, many years ago, I needed to sort my priorities most carefully. At that time, it was clear to me that only food, minimal clothing and shelter were indispensable. Our need list was small; our want list much bigger. As our economic circumstances improved some of our wants became needs. Eventually, it was difficult to remember—but important to do so—that there had been a time when something to eat, something to wear, and someplace to live had been the only indispensables.

In a contemporary world where, frighteningly, even a place to live and something to eat are beyond the means of so many, the goal of indispensability for psychologists in schools seems a futile quest, indeed. Certainly, were I the administrator of a school system with an adequate budget I would employ a considerable number of psychologists to perform many wondrous activities both within the schools and collaboratively with the parent community and with other community agencies. Conversely, as my available funds diminished more and more, I would be hard put to favor psychologists over those who teach the children, those who transport them or feed them, those who maintain the buildings and grounds. And if, after those needs were met, I had a few additional dollars to spend, I'm not really sure how I would choose between maintaining a gym, a science lab, a library, a music or art room, a uniformed marching band or a school nurse, guidance counselor, or psychologist.

And so I suggest an alternate mission for consideration: how can psychologists work to increase the relative importance with which psychologists are perceived in the school community? While we may never attain indispensability, can we become more valuable?

We are currently entrapped in a crazy era. Despite a seemingly robust stock market and an apparently healthy economy only a few seem to benefit. The rest of us live with economic retrenchment; corporate downsizing; fear of unemployment; city/state/federal budget crises;

funding cuts in most areas of human service; and legislatures at all levels in a mean-spirited mood, hostile to children, to the aged, to immigrants, to the infirm, the unemployed, the homeless. We see AIDS prevention programs slashed and military budgets puffed up, and public assaults on hard-won rights for gays and lesbians, freedom of reproductive choice, environmental protection, and civil rights.

We are also entrapped within special education. Many of us expressed concern, years ago, that while the number of school psychologists was growing exponentially as a result of the Education for All Handicapped Children Act (reauthorized in 1990 as the Individuals with Disabilities Education Act), we were simultaneously losing sight of the broader roles we should be playing in regular education as we became the special education gatekeepers. And while some of us contributed significantly to special education in more constructive consultation and intervention roles, most of us were soon perceived as assessment/classification personnel. And now, entrapped in narrow roles and entrapped in an era where the cost of special education is increasingly challenged and assessment and classification increasingly in disfavor, many school psychologists fear for their jobs.

In this volatile era, our major defense must be short-term political action and we must support our leaders at every level as they attempt to influence legislation and call upon us for grassroots support. But we also need to consider how we can strengthen our position in the schools more organically over time.

The need for school psychologists to take on different roles has been a constant refrain in our literature. Thus, I called for "new directions" 35 years ago (Trachtman, 1961) in a paper offering many ideas I would still support and some I have since outgrown, but I failed to provide a blueprint for achieving my recommended reforms. Twenty-five years later a self-described "fantastical futurist" (Alpert, 1985) urged major "change" in our roles, but again without a blueprint for implementation. Many others, in between and since, have offered thoughtful, often provocative scenarios for school psychology.

In the 40 years elapsed since I was a practitioner, our knowledge base has exploded and exciting new techniques and approaches for service delivery have been developed. Among the myriad examples which could be cited are two which are most concordant with the ideas I am about to suggest: working collaboratively with teachers (Rosenfield, 1987) and working collaboratively with parents and families (Christenson & Conoley, 1993). Our literature regularly informs us of innovative, proactive programs of service delivery initiated or conducted by school psychologists. Clearly, we can assemble convincing evidence of our potential value to schools anywhere, and of the actual value we have demonstrated in some places. And yet current data informs us that school psychologists generally remain fixed in an assessment/placement, special-education focused model, and there are many indications that neither teachers nor parents particularly treasure our contributions.

Forty years ago, as a working school psychologist, I watched as the economy turned sour and as we moved into a period of financial crisis and political conservatism. In a wave of so-called tax revolts, local communities rejected school budgets. School administrators resubmitted greatly reduced budget proposals or adopted legally circumscribed austerity budgets, and staff reductions of one sort or another became the norm. In our district, a board of education proposal to reduce psychological services by 40% evoked several spontaneous passionate statements of opposition from parents claiming to have benefited greatly from the assistance of one or another psychologist and other parents in the audience added applause and murmurs of approval. The

proposed cuts were withdrawn. As our staff continued to work, some of us found principals asking that additional days of psychological service be assigned to their school for the next year, citing requests from teachers who found us helpful and supportive. During those years of financial stress, many school districts reduced psychological services, but some did not, and a few actually expanded. The difference was parent and teacher input.

Crazy times are not forever. When some sense of rationality and normalcy returns, even with inevitable economic upturns and downturns, the future of school psychology will be very much a function of our value to teachers and parents. So, while our short term strategy today must be political activity at the legislative level, our long term strategy must be to build a position of importance for ourselves in the school. I suggest that, in the long run, this will not be accomplished by legal mandates for our services, which can be unmandated as easily as they are mandated. Our importance must lie in the eyes of the beholders whose voices will matter—the teachers and the parents we should be serving in the best interests of children.

Our state and national leadership strive mightily to convince legislators of our value, citing the knowledge base and the skills and techniques and programs our profession has developed. Their efforts are crucial in fighting against crippling legislation or regulations, in opposing budget cuts, and in supporting new legislation beneficial to children. When they attempt to mobilize the rank and file to support their efforts with letter writing or phone calls or visits to our legislators, too many of us fail to respond. And many of us who do respond are then content that we have done our bit on behalf of school psychology, while we may be content to function in a narrow and restrictive manner, doing little on our immediate job to push for change of any sort and depending on our leadership to effect change on our behalf.

But ultimately the importance of school psychologists in the educational enterprise will be determined by the activities (or lack of activity) of each school psychologist in the field, school by school, building by building, community by community.

Many school psychologists today work closely and collaboratively with parents and teachers, as a valued member of the educational team and a key figure in home-school collaborative efforts. These psychologists see teachers as colleagues and parents as their client. In addition to earning the trust of parents and developing working alliances with them, they frequently play a significant role in facilitating improved parent-teacher relationships. They represent the strength of our profession today, identifiable in numerous schools across the country.

Unfortunately, too many others fall short of this ideal. Some may passively accept restrictive job descriptions and may function narrowly as psychometricians or classification technicians. As such, they are invisible to most parents and are seen by teachers as the person who can help remove an unwanted child from the classroom. Some may be unhappy with such restrictive roles, but may lack the assertiveness to push for broader roles or may lack the skill to effect such change. (And, of course, some may possess both the will and the skill but may fail to succeed in particularly intractable circumstances). Others may be fortunate to have broader responsibilities but may not possess the requisite attitudes to succeed. Most teachers would value a truly collegial relationship with a helpful psychologist and many parents would value collaborative interaction, but teachers will be unappreciative of psychologists who pontificate prescriptively as the sole expert and parents will be defensive and unresponsive to home-school collaboration when they perceive school staff as patronizing and unempathic. All the individuals described above represent the vulnerability of our profession, easily subject to

cutbacks, and replacement by outside contracting or by less expensive, lesser trained staff.

As I visit many schools and speak to many school psychologists in the field, I am constantly disturbed by how many are unaware of major educational issues—uninformed about federal education reform legislation such as Goals 2000 or about their own state initiatives (e.g., *Compact for Learning* in New York). Even more unsettling is the extent to which many psychologists are uninformed about and uninvolved in local reform initiatives in their own building, who do not see any potential role for themselves in these endeavors, and who are unaware of how peripheral to the life of the school they must seem to the very administrators and teachers with whom they may discuss individual children from time to time.

It is unlikely that exhortation or professional position papers will be successful in moving these individuals to significant change. The answer, if there is one, may lie with a new generation of school psychologists, and the responsibility for effecting this change may lie with today's training programs. Perhaps, while we have successfully taught our students many useful skills, we have fallen short in other ways.

Hundreds of students graduate each year from school psychology programs, trained well and prepared to offer services many will never deliver. Many will, indeed, perform the roles for which they were trained, but many, many more will spend most of their time mired in a traditional assessment role expected of them by their employers.

Those who have no vision, who lack assertiveness, or who are unskilled at activism are doomed to spend their professional life in the role defined by their agency. Those who have a vision, sufficient assertiveness, and competency to push for change may fail at changing their role, but at least have the chance to succeed. There is every reason to believe that, with sufficient purpose, drive and skill, individual practitioners can demonstrate substantial success in modifying their role (Carner,1982). If the national image of school psychology is still, depressingly, often a gatekeeper/standardized test administrator percept, any hope for changing this image must comefrom the proactive efforts of people in the ranks.

And so, ultimately, the responsibility for empowering our profession, for making school psychologists more important, if not indispensable, may lie with our training programs, which must assume the responsibility for producing a generation of young school psychologists able to deliver a wide range of useful services, but also ready to play an activist role. Learning how to be an activist is not difficult (Trachtman, 1990). *Wanting* to be an activist is the key.

We trainers must consider how to infuse our students with the ego strength, the motivation, the caring, the drive, and the competence to enter schools proactively. And if, as trainers, we are unable to learn the secret of how to teach these attributes, we should screen applicants more selectively and accept into our programs those who already possess the elements from which advocacy and activism emerge, and then we need to support and reinforce activist tendencies and potential within our programs.

School psychologists must be prepared to do the job for which they have been hired, however narrowly defined, to do it competently, and to earn the respect and trust of their colleagues and their supervisors, while never losing sight of the broader roles to which they aspire. They must see themselves as an integral part of the school community and must resist the outsider role into which they are frequently cast. They must be prepared to devote considerable energy, wisely directed, in slowly teaching parents, teaching teachers, and teaching administrators how much more of a contribution they can offer. If most young school psychologists began their career with this sense of mission, despite the rigidity and inflexibility of some systems, despite the inevitable

failure some will experience, many would accomplish significant breakthroughs ultimately leading, summatively, to our greater importance in the schools.

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Chapter Three

Recycling the Basics for Evolving Schools: Psychologists as Fulcrums for Leveraging Improved Schooling

Joseph L. French

"And, in the beginning, there was school psychology" (French, 1990, p. 1).

When I first used that paraphrasing, I was trying to make it clear that the school emphasis in psychology is not new. As evidence for that position, I pointed to an address at an American Psychological Association (APA) meeting in 1896, 100 years ago, by Lightner Witmer in which he described his work as involving the "(1) investigation ... of mental development in school children,.... (2)... treatment of...children...[who had] defects interfering with school progress, (3)...offering of practical work to those engaged in teaching...and...social work...[with] normal and retarded children, [and] (4) training of students for a...career in connection with the school system, through the examination and treatment of...children" (Witmer, 1907, p. 6).

How far has the definition of school psychology come in the last 100 years? You can be the judge of that. How much will we change in the next 10 years? Today (in this volume), we will offer a number of suggestions. I will focus on a few. Most of them will address ways of doing better those things which Witmer was doing a century ago.

One of the first psychologists to write about "role" was R. B. W. Hutt, a student of Witmer's. In *The School Psychologist,* he concluded that "the function of the psychologist [is] to discover the facts of mentality in the individual and to explain the deviations in behavior. It is his function to find, and occasionally apply the cure" (Hutt, 1923, p. 51). I assume he meant that school psychologists spent more time in testing and in making recommendations than in providing treatment, but I find some satisfaction in noting that he used "occasionally" very close to the word "cure." More on "cure" later.

Whereas Hutt's writing about role was not very helpful for our discussions today, two years later, Walter was more descriptive. He identified six functions of a school psychologist which are still relevant today. He characterized school psychologists as persons who "bring to bear on educational problems the knowledge and techniques which have been developed by the science of psychology" (Walter, 1925, p. 167). High on his list of functions were assessment and intervention with the latter directed more to mental health than learning problems. The second half of his list is even more instructive for us today. These points were focused on bringing a unique point of view to bear on educational problems, contributing theory to the practice of education, and conducting research. It is on these points that I will focus in the rest of this paper.

A few years later, Ethyl L. Cornell emphasized these points to elementary school principals. She described the school psychologist as contributing

a "special point of view," having special techniques for "diagnosis and analysis," and as able to function as a "liaison officer" (i.e., as a consultant) (Cornell, 1936, p. 561). She said, and I emphasize, that a school psychologist has "qualifications which distinguish him from the educational supervisor on the one hand, and from the general clinical or academic psychologist on the other" (p. 561).

Back in the 1960s, there was an often paraphrased statement "All of us are smarter than any one of us." It is in this context that psychologists are essential participants in schools. Regular teachers, special education teachers, supervisors, and principals are prepared by educators in educational methods, techniques, and strategies, but not in psychological foundations. Psychologists, by being well educated in the biological bases of behavior, human learning, human development, personality theory, and social psychology as well as having special skills in assessment, bring the special or unique point of view of psychological theory and research to multidisciplinary team meetings and to consultation sessions with teachers and/or administrators. As psychologists meet with educators to discuss the needs of various children, they bring different pedagogical backgrounds to the table. The body of psychological theory and science that psychologists have is essential, imperative, and indispensable to effective schooling.

As did Witmer, Walter, and Cornell, I believe psychologists make great contributions through assessment of individuals and by evaluating individual progress, group behavior, and recently implemented programs. The diagnostic skills of psychologists are essential and not available from other school personnel.

Psychologists are major players in diagnosing individual educational problems and in developing programs to ameliorate or, at least, minimize them. Revised school programs based on assessments should lead to improvement for many children. Periodic re-evaluation by both psychologists and educators is essential. Classification as exceptional should not be in perpetuity. Children found to be in need of special education at one point in their life should not be expected to need special education throughout their life. Whereas children with visual, hearing, and other health impairments; those with multiple disabilities; and those with autism and/or mental retardation may continue to have those disabilities throughout their lives, they compose only 17% of exceptional children ages 6-17 served under Individuals with Disabilities EducationAct (IDEA) Part B and Chapter I of Elementary and Secondary Education Act (ESEA) during the 1992-93 school year according to the 16th annual report to Congress by the U.S. Department of Education. Among the 83% of the other types of exceptional children, many should progress to the stage where little special assistance is necessary. Even for those who cannot be "cured," there is need for regular psychoeducational evaluations to determine if expected progress is being made and/or to determine if there are different strategies or materials that might be helpful.

As many of the 2.32% of children with speech or language impairments improve, so should many of those who have specific learning disabilities, are emotionally disturbed, or are initially diagnosed as mildly mentally retarded. Those who are not showing improvement following re-evaluation should be the subjects for consultation with teachers and administrators. Programs for groups may need to be changed.

Psychologists, especially those prepared in the scientist-practitioner model, should be helpful in evaluating proposed programs for individuals or groups of children/adolescents. Psychologists' knowledge of the process of validation and the technical data that should accompany proffered programs is not generally as available among teachers and administrators. Participation of

psychologists in decisions pertaining to the adoption of systems and sets of materials should be very helpful. For too long, schools have adopted procedures or techniques that soon become known as irrelevant fads.

Too few educators have knowledge of the people, movements, and writings that underlie many "innovations." This lack of knowledge contributes to implementation of highly touted techniques or procedures without supporting documentation of effectiveness. Interventions which are recommended should have some evidence of usefulness. Those that do not should be used in a study designed to establish validity, not adopted system-wide.

After programs for individuals or groups have been in place, psychologists have the knowledge necessary for evaluation. They are familiar with the necessary instruments or know where to find information about the psychometric quality of instruments used in the evaluation process. They have the statistical background to design effective evaluation models and to carry out data analyses to determine the effectiveness of treatment plans both for individuals and for groups. This function should be more widespread than it is. Doctoral programs should increase their emphasis on techniques related to program evaluation.

Psychologists have group leadership and management skills. More than most participants in multidisciplinary meetings, psychologists have developed skills to enable participants to contribute to the problem solving process. They can constructively synthesize data from several disciplines and help reach consensus. Whether they are "captain" of the team or not, they can seek pertinent information from others and help draw reasonable conclusions. Doctoral programs should focus on developing leaders of groups.

Psychologists help bridge the distance between schools and homes. Psychologists are more able to schedule meetings with parents than are either teachers who have an entire class to manage throughout the school day, or principals who need to be accessible to any of their staff or pupils on a moment's notice. By being in touch with family members before evaluation of children, by including parents in the evaluation process, and by providing information to parents about the evaluations after they are complete, psychologists have established lines of communication with a number of families that can be helpful in other situations. Skills in communicating with adults with various backgrounds are necessary in contemporary training programs.

Psychologists need to be familiar with the array of services available from nonschool sources. Perhaps with counselors and social workers but often by themselves, psychologists need to know where help can be obtained from other agencies and organizations. They need to know how to get needy children and their families into other cooperating systems.

Psychologists are teachers when they provide instruction to professional and paraprofessional personnel or to individuals or groups on such topics as communicating with parents, behavioral contracting, crisis management, and social skills training. As needs arise, psychologists, with their broad preparation in the foundations of psychology, are prepared to develop and provide programs for other staff members. Training should include supervised presentations of staff development activities in addition to individual consultations.

It would probably take a super psychologist—not just a school psychologist—to do all of these things very well. That is why most schools, at least the larger school districts, should be served by psychological service units (American Psychological Association, 1987), not an individual psychologist. A service unit, directed by a doctoral school psychologist with credentials from both the state education agency and the state regulatory board for psychology, can be composed of personnel with different backgrounds and

strengths. They can be called upon as needed to provide a full range of services.

The psychological service center model provides for diversification of service while enabling providers to maintain effective working relationships with others in the system. With a professional school psychologist in charge, a variety of other people can provide effective services. Such a team should include not only psychologists with varying types and levels of preparation, but also paraprofessionals.

There are too many psychological services needed in schools to be provided only by doctoral level personnel. Some services should be provided only by psychologists at the doctoral level. However, much can be provided very effectively by people at other levels, including paraprofessionals. Knowing about the behavior of children in classrooms and other places is very important in a comprehensive evaluation. Many of the mandated observations of a target child, completed in a single 10-15 minute observation session, contribute very little. Enough observation to be valuable requires several visits at various times. Paraprofessionals can be trained to be good, reliable observers of the classroom ecology and of specific children in the class. Paraprofessionals can provide relevant data much more economically than psychologists or other learning specialists.

Similarly, curriculum-based measurement is very important in the evaluation process both for a comprehensive psychological evaluation and also for periodic evaluations of the individual for teachers. Paraprofessionals have been trained to provide this service economically as well.

Clerks can provide data entry for actuarial predictions and program evaluation much more economically than psychologists. Psychologists know what to enter, need to explain how it should be entered, and analyze and interpret the data.

Psychologists, however, are needed to train observers, curriculum-based assessors, and clerical staff, and to direct and coordinate activities whether they are performed by one paraprofessional or several. With paraprofessionals, specialist level personnel, and doctoral psychologists in a psychological service unit providing a wide range of services to a broad spectrum of children, their parents, and teachers, the contributions of psychology to schooling are and will be indispensable.

It is unlikely that anyone concerned with the practice of psychology in the schools 50 years ago thought very much about internships. Probably, only a few souls thought much about internships in the schools 25 years ago. Those who are not thinking about psychology internships in schools and not helping plan their development today are not alert to contemporary issues in education, training, and practice.

There are many forces directing thought to the final stages of doctoral training. I assume other invitees to this forum will address them in more detail than I. It is clear to observers of the contemporary scene that psychologists seek employment following graduation in the arena in which they were socialized to the field (i.e., where they interned). Those who had internships in medical settings, mental health centers, or schools tend to be employed in such settings.

Even cloudy crystal balls allow us to see more health care being delivered through school systems in the immediate future. Increasingly, health care will require providers with health care credentials. Psychologists certified only by state education agencies have not been viewed as health care providers and it is unlikely that they will be in the future. Health care providers have had their advanced or final formal training supervised by established health care providers (i.e., psychologists licensed by state boards for the regulation of the independent practice of psychology).

Therefore, the biggest challenges leaders in school psychology face today are multiple, but related. We must increase:

1. the number of doctoral level psychologists in schools certified by state education agencies who are licensed also by state boards of psychology,
2. the number of internships in schools accredited as health care training centers to increase the number of licensable psychologists working in schools, and
3. diversity in levels of education and training in schoolpsychological service units to include doctoral and nondoctoral credentialed psychologists (including pre- and post-doctoral interns in many settings) and paraprofessionals to improve the quality of service economically.

As Water said in 1925, "A great deal of work remains to be done in the adaptation of psychological principles to the problems of our schools" (p. 170).

Go Fulcrums!

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Philosophical Perspectives on Indispensability

Chapter Four

Becoming Essential: Rethinking the Practice of School Psychology

Beth Doll

School psychology occupies a curious space in-between the educational and mental health service systems of American society. As professionals trained in mental health, but employed and located in educational settings, school psychologists' contributions are too easily overlooked by both worlds. Our very viability as a profession depends upon the degree to which we are able to make ourselves noticeable to both systems and to the communities that they serve.

Being Essential in Schools

The services that school psychologists provide in schools address goals typical of a mental health profession: screening for and recognizing the early warning signs of social, emotional or behavioral disturbances in students; distinguishing between genuine risk and typical developmental problems of children and adolescents; planning and implementing preventive and remedial interventions addressing students' needs; and consulting with students, their parents, and their teachers to support their social, emotional, behavioral, and vocational success. School psychological assessments support schools' efforts to plan effective responses to students' emotional, behavioral, cognitive, social, and academic strengths and weaknesses. Unfortunately, the school settings in which school psychologists work value other contributions more highly—contributions that address the core school responsibilities of enhancing student literacy and mathematical competence, fostering effective citizenship skills, and building vocational success. Unless the linkages between these two seemingly inconsistent sets of goals can be made explicit, school psychology runs the risk of becoming a marginalized participant in the educational endeavor.

Marginalized members of a system are those persons who are seen as providing services that are less important, less effective, and less essential to the system's purpose. They are seen to be draining resources away from efforts of other, more vital members of the system. In times of expanding budgets, agencies are willing to invest some resources in activities defined as secondary in importance. However, when budgets are stable or even shrinking, as is currently the case, agencies have a compelling need to pull back to their core responsibilities. Consequently, the stable and dependable impact of school psychology depends upon its recognition as essential to core educational responsibilities.

A certain consensus on the goals of schooling has emerged out of the national dialogue surrounding the Goals 2000. Included were goals stating that (a) every student should begin school

ready to learn, (b) 90% of public school students should graduate from high school, (c) students should demonstrate competence in all major scholastic subjects, (d) teachers and other school staff should engage in professional development, (e) students should lead the world in their mastery of science and mathematics, (f) every adult American should be literate, (g) schools should be free of drugs and violence, and (h) parents should be involved in the schooling process. Despite the fact that school psychologists were never mentioned in any of the major documents describing their development, the articulation of the Goals 2000 represents an important milestone for school psychology because they proclaim the critical importance of students' socioemotional and physical health to scholastic success. Using these goals to define the core responsibilities of schooling, school psychologists can move themselves back into education's first-line team.

Blending into Classrooms

A key way for school psychologists to reassert their centrality to schools is by physically reuniting school psychological services with the ongoing tasks of school days. Psychological intervention programs can be moved out of separate offices and into the classrooms where the teachers most often work with students. Through teacher-psychologist collaborations, examinations of social and emotional health can be infused into instruction in reading, social studies, or even math and science. As one example, I once worked with an eighth grade science class to collect and analyze information about friendships among students in their school and the degree to which these were supported or discouraged by varying school practices. The research question emerged out of the class's social studies lesson. The research design was developed in conjunction with a lesson on the scientific method. Analysis of the results was integrated into mathematical instruction in graphing and averages. And, as a consequence of the project, the class became far more accepting and supportive of previously isolated students in the group.

Other ways to reunite psychological and academic services of schools are already emerging. Conflict mediation programs infuse psychological services into school lunchrooms and playgrounds. Self-management strategies to control impulsivity can be taught in secondary school hallways between classes. Relocation of services into times and places where typical socioemotional problems occur makes school psychological interventions more visible and more appreciated.

Writing School Psychology into the IEP

Infusing psychological services into the schooling of students with disabilities requires attention to each student's Individual Educational Program (IEP), where the goals of special education are defined. Despite their intimate linkages to the practices of special education, school psychologists remain the only related service profession that is not routinely held responsible for intervention in the IEPs of students with disabilities. The ultimate consequence of this omission has been that school psychological interventions are not considered essential to the education of students with disabilities. Writing school psychological services into students' IEPs will require that psychologists specify objectives for intervention that are clearly relevant to students' academic progress, strategies to reach those objectives, and methods for determining when the objectives are met. Fortunately, the relevance of psychological services to the academic success of students with disabilities is well supported in the special education literature, and practitioners can draw from this research base to identify purposes, practices, and measures.

Talking School Talk

The language and vernacular of systems is an important artifact that binds professions together

as colleagues. Unfortunately, school psychologists are not always adept at speaking the language of schools. They set themselves apart with unfamiliar terms and concepts that flow from their broad experience in the developmental, social, and emotional contexts of behavior. It is ironic that this distinctive knowledge base both represents the essential value of psychology to schools and contributes to the alienation of school psychologists. The challenge, then, is for practitioners to retain the concepts that are so useful to schooling, but express them in language that is teacher-comfortable. This is, at its essence, an act of translation between psychospeak and eduspeak, and like all translations, it requires an exemplary mastery of both languages and their conventions. To become this comfortable with teacher language, psychologists will need to read instruction magazines, attend seminars, and listen carefully to the vocabulary of teacher colleagues so that they are attuned to the acronyms, most current curricular terms, and the emerging trends of schools. These, then, become the vernacular within which they must express their psychological understandings.

Implementing Achievement-Relevant Services

Elsewhere, my colleagues and I have identified model school mental health practices that directly address the national Goals 2000 (Doll et al., 1995). For example, programs that alter parents' and children's attitudes toward reading contribute to student literacy; children who are helped to believe they have control over their learning persist in the face of academically difficult work. Unfortunately, all too many of these programs have been implemented as pilot projects that have not moved easily into regular practices of school psychologists. There are several reasons why this is so. Most pilot programs are begun with special funding grants. For purposes of securing these extra funds, influential educators in a school system will set aside their reservations, and embrace a trial program. However, once the incentive of extra funds disappears, the old loyalties are likely to reassert themselves and the system, like a stretched spring, reverts back to its former shape. Second, pilot programs are frequently planned and implemented by a very few influential leaders. These leaders' charismatic influence, and their willingness to devote long hours and extra effort to the pilot program's tasks, virtually guarantee its acceptance and success. However, this very personal power disappears quickly when the leader moves on to a new and exciting challenge, or if the persons with whom the leader was influential shift out of their key roles of authority.

To understand how innovative and effective pilot programs can be extended and survive, consider an analogy from biology. When two membranes of a living organism are juxtaposed temporarily, then pulled apart, and then pressed together again, they continue to exist as separate entities. However, if these same membranes are pressed together continuously and for a long enough time, they merge into one another until it is impossible to tell where one begins and the other ends. In the same way, pilot programs will need to persist over time if they are to become stable parts of a program of service. To extend the persistence of new and effective practices over time, school psychologists will need to gradually shift these from temporary to permanent sources of funding. Indeed, it may be more influential in the long run to support a smaller program that can be funded from permanent sources than a larger program supported through time-limited dollars. Second, successful programs will persist beyond the pilot period only when school psychologists can extend the core group of professionals that advocate for and direct the service. Thus, sharing programs, the credit for their success, and the decisions that shape them tends to be more influential in the long run than implementing

programs single-handedly.

Proving Success

Districts cannot afford to reduce or eliminate services that are essential to their success in fostering student achievement and vocational readiness. Thus, support for school psychological service programs will grow wherever school psychologists can produce clear and convincing evidence that their presence in a school building contributes directly to schools' abilities to advance achievement in students. To demonstrate that this is the case, school psychologists require measurement tools that are simple, brief, reliable, and have uncontested face validity with our public. Next, they need to routinely incorporate the collection of accountability information into school psychological services. At the same time, it is important to verify the "cost" of innovative services in terms of staff hours, materials, and resources, since the adequacy of a program's benefit can only be judged relative to its cost to the system. Finally, school psychologists will need to be able to present evidence of a program's costs and benefits in ways that are easily understood, not only by district decision-makers, but by the members of the community and school staff to whom decision-makers are accountable.

School psychologists' psychometric skills make them uniquely suited to this task, but also represent their biggest challenge. School psychologists understand the systematic collection of information and the sources of error and bias that can distort these. Moreover, they have experience in analyzing information in systematic and reliable ways. Still, having been trained in some of the most comprehensive and complicated strategies for assessment, psychologists are not always ready to embrace simpler methods. Standards of excellence in assessment, that school psychology has embraced with such fervor, can be paralyzing when practical needs arise to measure program success. Accountability assessment needs to balance the competing demands for efficiency, accuracy, and meaningfulness in order to be useful.

Weaving Networks

Forging personal alliances represents an alternative and very effective strategy for moving school psychological services into the forefront of a district. As leaders of less understood programs of services, school psychologists gain influence in a system in direct proportion to the number and quality of the alliances that they create with colleagues. Relationships build familiarity with other members of the system, foster a broader understanding of what psychologists do and contribute, and create a personal influence whose power can exceed the legitimate power a psychologist might claim. Still, personal influence is not without its dangers. Gains that are made by building spots of influence within a system will all but disappearwith the shifting staffs of schools and districts. Moreover, programs dependent upon that sort of leadership tend to face into oblivion if the charismatic leader moves on to bigger and more recent challenges.

Coalitions with Community Mental Health

School and mental health systems have operated as separate for so long that it is easy to overlook their very strong mutual interdependence. Separations between school and community mental health practitioners are institutionalized in specialized licensing requirements, in the different state agencies that license practitioners in school or community sites, and in the differing entry level supported for school- or community-based practitioners. A more fundamental illustration of the separation between the two sites can be seen in the different vocabularies they use to talk about mental health. Consider, for example, the different meanings that are attached to the term, "emotional disturbance."

Community mental health professionals speak of children with emotional disturbances when they meet criteria for one or more diagnostic condition described in the DSM-IV. However, school practitioners usually refrain from speaking of emotional disturbances unless children not only meet criteria of a disorder, but also can be shown to experience those difficulties in multiple settings and show functional impairments of the child's ability to learn as a result.

It is critical to realize, in the face of such division, that both school and community mental health systems serve a community that has a single perception of the value of mental health services and from which financial support in the form of public dollars can flow to systems, or not. In this public eye, both systems are jointly responsible for addressing the existing mental health needs of children in communities. Recently evidence suggests that we are not doing this well (Doll, 1996). While as many as one in five school-aged students may meet diagnostic criteria for a psychiatric disorder, fewer than one in twenty appears to be receiving mental health support. It is important to notice that the most prominent public response to this mismatch has *not* been to expand funding for either system, but instead to suggest integrated service models that coordinate services, clients receiving them, the locations where they are provided, and the funding streams that support them. In the public eye, our separateness is imperceptible.

Weaving the Cross-Agency Safety Net

What the public is requesting is a seamless safety net of support so that limited social resources can address the broadest need possible. This net cannot be woven except out of effective collaborative relationships between community and school mental health professionals. Yet building collaborative alliances across systems is much more difficult that building them within a system. In addition to differences in language and credentialing standards, school and community mental health professionals are constrained by confidentiality statutes from speaking freely with one another, work according to different schedules, have different conditions for their employment, and must answer to different local, state, and federal governmental divisions. The following example illustrates the divisiveness of such mundane details. A team of administrators from social services, community mental health, and special education were assembling a budget for a cross-agency team that would operate the following year. The mental health center's salary line for the "mental health worker" was small enough that the school administrator assumed they were only contributing half a position; further discussion revealed that they were, instead, contributing a non-licensed therapist. The group then needed to reconsider the tasks of the team to make these compatible with the members' credentials. New misunderstandings arose when it became apparent that the school administrator had budgeted for the academic school year, while the other two agencies assumed that the team would function on a calendar year. Misunderstandings this fundamental take long periods of time and familiarity to identify and overcome, during which the agencies must be content with lessor productivity from a group of practitioners, and must be willing to systematically question existing routines and practices of the agency.

School psychologists can take the essential first steps to work in tandem with community mental health professionals by seeking out reasons to meet and speak. By building familiarity with each other's skills, knowledge, and values, school and community practitioners can begin to identify those practices which are mutually beneficial. Eventually, the professionals from the different systems can begin to articulate their shared goals, the degree to which their coordination can advance each other's practice, and ways to present a united

face to the public that they serve. Such collaboration will be personally challenging as well as time-consuming for school psychologists, since they must enter into this collaborative role prepared to reconsider some of their most fundamental beliefs about professional standards and practice. It is essential, then, that these efforts towards collaboration proceed at a pace that is slow and deliberate enough to permit such personal change.

The Ultimate Defense of Effective Services: Community and Parent Alliances

Chances to make the very fundamental changes that I have discussed to this point are easily overwhelmed by bureaucratic barriers, funding realities, and professional jealousies. It is important to note, then, that historical case examples have shown parents to be the people most likely to advocate for the needs of children despite the barriers of systems (Dryfoos, 1994). Parents' advocacy for particular services can be refreshingly unsullied by loyalties to particular agencies or bureaucratic structures. In some cases, their very ignorance of the history and systems of children's service providers makes parents the most innovative problem solvers within the mental health community. Moreover, programs that address parental concerns and show results that parents can see to be enhancing for their children are difficult for community leaders to compromise or cancel. Consequently, the single most important defense of innovative and sound mental health programs is the presence of active alliances with parents who are knowledgeable about and support the work of the program.

Comprehensive parent involvement programs will provide multiple options for parents to give as well as benefit from mental health services. Possible variations might include parent volunteer programs that include parents among service providers, parent advisory groups that are consulted about the logistical management of mental health, and parents-supporting-parents programs that build communities of supports among parents sharing similar problems and histories. Once again, these kinds of partnerships emerge gradually and over time, and are often incompatible with the immediacy that dominates current mental health agencies. New priorities will need to define school psychological practice in order to move parents into central supportive roles.

Summary

Inherent to each of these recommendations has been the assumption that school psychology will be a profession of change. Defining, planning, and implementing changes in educational and socioemotional services to individual children has been a traditional responsibility of the profession. However, the changes I discuss above represent redefinition of systemic goals and perspectives, planning alternative service systems to those the profession currently employs, and implementing visions that are shared by other educational and mental health professions. In simpler terms, these revisions require that *we* change. Changing ourselves is the true challenge that we face.

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Chapter Five

The Educare Psychologist: Re-Inventing School Psychology and Schools for the 21st Century

Frank Farley

Psychology is changing dramatically as we approach the big 2000. This is especially true of most of the practice fields due in significant part to the growth of managed care. Health care in America has been captured so thoroughly by managed care that the business ethos of those systems is re-inventing and re-defining the careers of clinical and counseling psychology and related areas, and very little of it is for the better. School psychology is not immune to these changes, because many school psychology doctorates do not practice in schools but go on to clinical practice and are thus falling under the sway of managed care. But more importantly, school psychology is now and will increasingly in the future be influenced by changes in schooling itself that promise to re-design American education from the bottom up. So school psychology will be buffeted both by the changing nature of health care delivery on the one hand *and* the changing nature of K-12 education on the other.

The little red school house has long ago been replaced by the big brown school factory and a lot of people don't like it. A significant portion of Americans feel that the typical contemporary public school in urban and suburban settings has become too large, too impersonal and often too dangerous for effective educating and healthy personal development. Like the leviathan smoke-stack factories of the American rust belt, these large schools may have exceeded some magical formula for size in effective schooling, and those parents who can afford it are increasingly putting their children in smaller, private schools, abandoning the smoke-stack schools to those who can afford no more. The financial formulas for public schooling are often discriminatory against poor districts so that per pupil expenditures can vary greatly district to district, and the availability of psychological services in the schools will vary accordingly.

For the foregoing and many other reasons there is, I believe, a growing openness to new approaches to education in America, from distance learning to home schooling to cyberschool and low-cost private schooling. This all serves as backdrop to what I would like to say about psychology's indispensable role in schooling.

The 21st century will surely be the century of the mind, as our understanding of the mind and how to most effectively learn and educate advance more dramatically than in any preceding century. With the advances of cognitive science and affective science to date, we are poised to provide significant improvements in learning and education. No field has a longer resume in the mind business than psychology and psychology must take the lead in retooling schooling for the new century.

I believe we must prepare for the demise of smoke stack schools beyond the year 2000. If you flew in from Mars and were asked to design a system of public education using current and cutting-edge ideas and technologies, I doubt that you would create the school buildings, school districts, and educational delivery that we have now. If I am even partly right here, it means that school psychology as a discipline must see beyond the current system and not be wedded to schools as we now know them. Given the current and coming changes in education and health care, the two areas of greatest relevance to school psychology, I propose that school psychology re-invent itself as a broader discipline, formally encompassing the full range of psychological issues in education including the health care of students as well as the psychology of learning and teaching and the social life of schools.

Let us start with the name "school psychology." That name is widely seen as being identified with a building and an institution, the school. Experimental psychology, counseling psychology, forensic psychology, social psychology, and personality psychology, among many others, do not refer to a physical location, an institution, as their defining quality. I believe the current label of school psychology is too restrictive. Yes, psychology in schools is the major thing we do, but we do much more and will be doing much more in education and health inside and outside the schools. To capture the broader definition and also the "caring" aspect, or "taking care of" aspect vis-à-vis both *education and health*, I propose the term *educare psychologist* and *educare psychology* to replace school psychology and psychology in the schools. This term identifies the centrality of education (school and non-school) and the centrality of *care* in this specialty. Additionally, I would incorporate in the training of the school psychologist turned educare psychologist much more of general educational psychology (e.g., consulting with teachers on cognitive and affective strategies for effective classroom instruction and management, consulting with administrators on organizational psychology, personnel issues, etc.). I would also incorporate the full range of child and adolescent health psychology in the training of educare psychologists, especially the prevention aspects. I would incorporate some of counseling psychology and family psychology where they are relevant to education. Therefore, I would expand the scope of practice of what we now call school psychology to incorporate aspects of counseling psychology, family psychology, health psychology, and educational/instructional psychology, all under the new title educare psychology.

In addition to the title change and expansion of role, there are some other changes I would advocate to increase the significance of school psychology and make it increasingly indispensable in education.

Firstly, eliminate or reduce dramatically in the training of the new educare psychologists a host of questionable items. Doing so should increase the validity of educare psychologists' work and contribution, raising its credibility. Some examples:

1. *Projective techniques.* The evidence for the reliability and validity of most of these techniques is paper thin. It is very difficult on scientific grounds to continue the teaching and use of these procedures.
2. *Intelligence testing.* The global IQ score is no longer a particularly useful piece of information to have. Intelligence is increasingly seen as multidimensional and a unitary global IQ score is simply not helpful in many applications. University courses should reflect the new conceptions and new testing products, and should eliminate or downplay the traditional IQ tests in the

educare psychologists' bag of tools.

3. *Psychodynamic psychology.* The scientific support for psychodynamic psychology remains very weak, and should not be a major part of any educare psychologists training.

Secondly, as mentioned earlier, adapt to the slow demise of public schooling as we know it. This will require special training in communication procedures (computer-based, telecommunication, Internet, etc.), distance learning, home schooling, year 'round education, life-long learning, and so on. To be at the cutting edge of introducing or promoting these new procedures or technologies will increase the indispensability of the educare psychologist to an evolving system of education.

Change or die. It's harsh, but true. If American education is poised for radical transformation, school psychology has got to be at the leading edge in order to thrive. It is a speciality that has typically not been an agent for change in schooling. Rather, it has tended to conform to school traditions, not questioning fundamental aspects of schooling. It has often seemed to be more technocratic, serving the needs of the schools as defined by others. That must change. We need creativity and risk taking in the profession. We need to ask fundamental questions about school practices. We need to help re-tool the smoke stack industry of education for the 21st century. School psychologists are typically the best educated in social and behavioral science of any school personnel and thus best equipped to lead the charge. School psychologists as leaders in improving education? Why not?

Start the pressure.

Chapter Six

Excellence, Relevance, and Passion: The Motive Power for Indispensability

Ronda C. Talley

"We may affirm absolutely that nothing great in the world has been accomplished without passion" (George William Friedrich Hegel, *The Philosophy of History*).

As psychologists, we learn early that the first place it is necessary to establish consistency of values is within ourselves. The actions that emanate from us are based on these internal standards that reflect who we are from our own self-monitored perceptions. If we view ourselves as persons of *value*, we are well prepared to face a world that constantly tests our standards and challenges us to *act* in a manner that demonstrates our centrality—our connection of thought and behavior—in ways that reaffirm this self-knowledge.

For those of us who intimately connect our self-perception with our work, these daily value challenges, these repetitive calls for action, demand that, above all, we are centered persons of purpose and integrity. Within this framework, we are able to respond to work's life-flow with courage, assurance, compassion, and good judgment. Being "right" in ourselves, having our "own house in order," we have the capacity to respond to the great value of work in ways that balance and enhance our lives and enrich those with whom we share these sometimes frustrating, sometimes illuminating, moments.

I have taken the time to outline these beliefs because it is my contention that a person cannot accept the concept of indispensability in that portion of their life that deals with work until they can affirm their *personal* indispensability in life, regardless of and separate from vocation. This self-affirming, life-acknowledging foundation is essential to the indispensable individual and thus, is a *necessary* condition to becoming an indispensable psychologist. It lays the groundwork firmly, strongly, irrevocably. The indispensable psychologist is born of the indispensable individual.

With the affirming life perspective of the indispensable individual as a backdrop, in this chapter I will explore three ingredients to professional indispensability in psychology. While I will use psychology and psychologists' roles as the content focus for discussion, I believe these principles are germane for many professions. I will argue that excellence, relevance, and passion are the ingredients for indispensability. Combine these with motive power, the drive to *act* in a manner consistent with your internal values and standards, and they combust—crystallizing in the form of the "indispensable" psychologist—the professional some of us are and others of us aspire to be.

Excellence

Excellence is the ultimate in work quality—it embodies the meaning of work for those professionals with the highest aspirations and skills to match. For psychologists, excellence may be defined as the possession of knowledge in combination with the well-refined abilities to apply scientifically sound theories and interventions in schools and communities as well as with students, school personnel, and parents. In the indispensability formula, excellence is a necessary precursor to relevance and passion.

Excellence in service provision is the hallmark of professional psychologists who work in schools and other settings. As a discipline, psychology is respected for its scientific rigor and high standards of practice. This respect is earned and deserved by the indispensable psychologist. A psychologist who provides relevant services in an excellent manner is one who will be valued by the individuals who receive those efforts. The indispensable psychologist, who by definition practices with excellence in whatever they do, changes lives. By being there, by providing what's needed with quality, psychologists offer a gift of knowledge plus ability that makes a *real* difference to the functioning of individuals and systems. While teachers are often judged by their abilities to help a student learn what the school has decided they need to know, the indispensable psychologist helps students develop in every facet of life and living, at school, at home, and in the community. The power of these potentially life-altering services can be staggering.

In order to address these critical responsibilities, psychologists in schools must continually demonstrate the ability to act with excellence. To do this, they must consider retraining and enhancing service provision through varied forms of life-long learning. The learning may take the form of securing peer or supervisor consultation, engaging in teaming with other psychologists or professionals from other disciplines, shadowing professionals with the desired skills, seeking case consultation, obtaining in-service training, attending professional meetings and conferences, working through self-study materials, taking university coursework, or trying on new technologies such as long-distance learning, just to name a few.

Excellence in service is not easy to provide. While there are indispensable psychologists, probably there is no *one* indispensable psychologist who is capable of possessing all the skills required for every situation for every student in every school. Therefore, in order to address the presenting needs, psychologists also know to refer students to others who are able to provide the required service with excellence. This adherence to the ethics of the profession is one quality of the indispensable psychologist. Excellence in service also means functioning as a team member when the facts suggest that teaming is the best strategy for that situation.

As noted previously, excellence is only one facet of the indispensability formula. Relevance in service provision, which is discussed in the next section, anchors excellence to the consumer's needs. Without that match, excellence may go unnoticed, unused, and unrewarded, even though it may be desperately needed.

Relevance

While excellence refers to the quality of our work, relevance refers to the degree of fit between what we do well and what is needed by consumers of our services. If students, teachers, administrators, parents, and other school and community personnel view our skills as applicable to low priority or marginalized needs, then our "excellence" becomes moot. Who cares if the psychologist has excellent skills if they are not applied to areas of priority concern? And from the psychologist's perspective, who would want to spend seven years in a doctoral school psychology program mastering scientific inquiry

and numerous empirically-based, rigorous interventions only to find out that the intended recipients of those services don't need or value them? Therefore, an essential component of the indispensable psychologist is relevance. Without relevance, skills are superfluous.

An example of excellence with relevance may be found in this oft-told gift giving illustration. To set the stage, think of the last time you received a gift you couldn't use. A classic story of this situation is the present of a tie given by a son or daughter to their father. The tie is a functional object, neither sought or valued by the recipient. In this particular case, the father usually feigns pleasure (no doubt for receipt of the gift and what it symbolizes) and puts it away. For some persons, the tie could be a relevant gift. However, this particular consumer does not need it, want it, or like it. Therefore, the gift is irrelevant except for the sentimental value inherent in the giving. Even if the tie were a designer label masterpiece, unless the recipient, the customer, wanted or needed it, the tie was irrelevant.

In a similar fashion, if the psychologist is trained to deliver a particular service, for example counseling of children with eating disorders and the district ("consumer") doesn't perceive the need for that service (even though it may be a legitimate need) then, from the consumer's perspective, that skill is irrelevant.

Another example is from personal experience. When I was director of a large urban school district's psychological services department, I continually tried to sell upper administration on the need for prevention services and noted the skills psychologists have in this area. I had varied success with my attempt to broaden the role of the psychologist and meet what I perceived to be a real district need. However, upper administrator did not see that need. They saw a backlog of initial assessments and reassessments for special education placement and told me in no uncertain terms where they viewed the "relevance" of school psychological services at that point in time. While I persisted in my efforts and was somewhat successful over a multi-year period, the relevance of applying the psychologists' skills to a perceived priority need took precedence over all other activities. What psychologists did was valued because they helped the district meet a legal requirement and provided (hopefully) useful information to teachers and parents. Even though the role of assessor may be conceptualized in this case as a narrow one, it had value and relevance.

Indispensable psychologists demonstrate excellence and relevance in combination. They do this by securing the best available training and supervised practice experiences in areas that correspond to consumer needs. They apply their skills in settings where needs are acknowledged and services may be tailored and evaluated, then refined and reapplied, until the concern is addressed. It is psychologists' relevance, their ability to match excellence in application to priority consumer need, that fulfills this portion of the indispensability formula.

While excellence and relevance provide two parts of the formula for indispensability, it is my belief that bringing passion to one's vocation is what sets apart the indispensable psychologist from one who just works. The dimension of passion in work and its relevance to indispensability will be explored next.

Passion

Passion is the fire that gives life color. Indispensable psychologists, who strive to provide relevance and excellence, desire and *need* the color that passion brings to their life work. Like satisfying a hunger, the indispensable psychologist is predisposed to act to fill this need. The psychologist who practices with excellence and relevance will be valued by most systems. However, it will be the indispensable psychologist, the one who embodies work with passion, who will be perceived as a leader, the one who

possesses the self-sufficience and personal integrity to address needs large and small with compassion, commitment, and skill.

As noted in the opening quote, passion is an essential ingredient to great actions, which may take many forms. We are passionate about those things we value. In relating her perspective on passion, value, and action, the philosopher Ayn Rand wrote:

> You have no choice about your capacity to feel that something is good for you or evil, but *what* you will consider good or evil, what will give you joy or pain, what you will love or hate, desire or fear, depends on your standard of value. Emotions are inherent in your nature, but their content is dictated by your mind. Your emotional capacity is an empty motor, and your values are the fuel with which your mind fills it. (1957, p. 947)

The indispensable psychologist creates a vision of psychology in schools that is imbued with passion, reflecting their values, attitudes, and life perspective. Action flows from the creation of that vision and is fired with passion—commitment, persistence, and intense labor—to evoke change in a system or individual. When times are challenging, excellence and relevance may make the psychologist feel safe, but it is passion that keeps them continuing to pursue their vision of what's right. Without the fire of passion, life's colors would be monotone, and work would become a cookie-cutter assembly line. Passion is the personality of commitment for the indispensable psychologist, an essential life element, without which any of us could replace the other.

Psychologists combine the elements of passion, excellence, and relevant to provide the foundation for indispensability. However, these are not enough. In the next section, motive power, the strength to act, is added to the formula for indispensability.

Motive Power

Motive power is the ability to combine your excellence, relevance, and passion into action. Motive power indicates the ability to move, and to act with strength and conviction based on your abilities, standards, and values. It conveys activity—forward momentum—toward a desirable, targeted goal. Where the three ingredients mentioned throughout this chapter—excellence, relevance, and passion—provide the substance, motive power provides the form that shapes the three together to create the indispensable psychologist.

Motive power leads you to your final goal. If your purpose as an indispensable psychologist is to provide services to urban children, motive power, which is the machine driving excellence, relevance, and passion, will take you there. It embodies action, volitional movement, that you have elected to take toward a consciously chosen purpose. Motive power represents your will to combine the best of what you have to offer and vigorously, passionately pursue that goal. It is by acknowledging your personal and professional value that you are able, though motive power, to overcome great obstacles to life and work. In combination with the three core ingredients of indispensability, motive power inalterably changes lives.

A simple example of motive power may be found in a popular movie about tornados, "Twister." The substance of a tornado is air and water, but what a combination! When the atmospheric conditions are conducive, these ingredients combine to create a phenomenon like no other in nature. So it is with motive power. If you have the skills, if you meet a valued need, if you provide your services with purpose and determination, if you *act* and acknowledge the power of your action, then like the "twister," your

contribution becomes more than any one of the ingredients of which it is comprised. Without motive power, the separate parts remain just what they are individually. Air and water are essential life elements. Excellence, relevance, and passion are necessary to most of our professional lives. But who among us would want to be deprived of their synergistic, and in this case positive, impact? The indispensable psychologist uses motive power to coalesce these discrete but overlapping qualities into a more meaningful whole—one that is dedicated to serving children and youth in whatever settings they may be found.

Conclusions

Indispensable psychologists represent the best our profession has to offer. They combine excellence, relevance, and passion with motive power to create a vision of psychology in schools and the community that extends beyond commonly held perceptions. Their work is based on values and standards that exist harmoniously with personal beliefs. These are embodied in action, adding color to life and raising the standards and aspirations for us all. Indispensable psychologists are congruent within themselves and demonstrate this in all they do.

In this chapter, I have argued with passion for the case of the indispensable psychologist in American education. This psychologist is truly our hope for the future of a reconceptualized psychology in schools. The indispensable individual and the indispensable psychologist are one in the same—and I believe these leaders will take us into the 21st century with integrity and pride in our profession. May be all strive to be an "indispensable psychologist"—with the excellence, relevance, and passion—and the motive power—that they enjoy.

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Chapter Seven

Five Themes to Enhance the Value of Psychology to Schools

Richard R. Abidin

I believe that psychology as a profession and the American educational system are both in a period of major transition. These transitions create opportunities for constructive change, but also require a reexamination of the ways services are performed. The driving forces behind these charges are many, involving complex interactions which are not fully understood. Nevertheless, psychology as a profession must be aware of these factors and be responsive to them if it is to make a significant and enduring contribution to schools.

I will first briefly highlight some of the contemporary contextual factors that are influencing the American educational *system,* and the profession of psychology. The educational system shall be defined as children and their families, educational personnel, representatives of the larger society, and the laws and policies which regulate education. The components of the psychology profession shall be defined as all of the psychology personnel who work in and/or with the educational system, and those indirect contributors such as university trainers of psychologists for both practice and research roles. Consideration of these contexts will help in understanding the perceptions and motivation of the stakeholders, their goals and their desired outcomes. Second, I will describe what I believe to be some of the historical patterns of psychology's involvement in schools which represent strengths, weaknesses, and barriers to change. Third, in direct response to the invitation to participate in this book, I will present my "best thinking on how psychologists can work to make psychology in schools indispensable. . . ."

Before proceeding with this presentation, I would like to reflect on the title of this volume, "Making Psychologists in Schools Indispensable: Critical Issues and Emerging Perspectives." What does this title mean and to whom? I am sure that as a profession, psychology will present a number of issues and perspectives on why what it has to offer is indispensable. I am also sure that these assertions will come largely out of good and noble motives and beliefs. However, over the years, what psychologists espoused as *good* for children and schools was not always seen by other stakeholders of the educational system in the same light. One example that clearly makes the point is that in the past a major *indispensable* role of psychology was the sorting of students into special education classes based on IQ measures, a role which some stakeholders believe should be dispensed with since it did not result in documented enhanced learning and apparently discriminated against certain groups of citizens. To become indispensable requires the delivery of services which are relevant to the central missions and values of

the educational system. The perception of being indispensable by the stakeholders will develop only when psychology is sensitive and responsive to the issues of relevance, effectiveness, and cost, as they are understood by the stakeholders.

The State of Contemporary Education

At present the educational system in the United States is under a variety of pressures to change and meet the complex needs of society. Historically, schools were the melting pots of society with the expectation that they help create a homogenized society of workers. Children were the raw material to be molded into the new members of society. Parents had little individualized power and opportunity to affect the system. Today the educational system faces an increasingly diverse multicultural society, with students and parents who possess increased rights and opportunities to impact the educational system. Parents and students are increasingly empowered stakeholders who will be definers of what is indispensable.

The current rapid changes in the work place require that workers possess knowledge and skills relevant to an evolving technological society. The values of a strong back, willing hands, and a consistent commitment of time are no longer the primary attributes of an employable person. In a global economy, other nations are able to produce goods which draw upon minimal educational skills. Industry in the United States recognizes that if our economy is to remain sound and competitive, we must have an educational system that develops a high-quality workforce. Industry is thus increasingly concerned about the features of the educational system that enhance the skills of the workforce, and the social and emotional functioning of individuals that determine work performance.

Schools in recent years have been impacted by a number of changes in American society, many of which provide opportunities for psychology to contribute to schools. The rise of single-parent families, the increase in youth and family violence, widespread substance abuse problems, health issues such as the spread of contagious diseases and early pregnancy are only some of the factors associated with stresses in the educational system. Legislation supporting the civil rights of all members of society has required that the educational system make accommodations that often stress both the skills and resources of schools. These changes are most dramatically seen in the area of special education, but extend to a variety of other areas such as gender rights and children's civil rights in relation to school attendance. The actions of American society in the past 40 years to ensure the civil rights of all its citizens, and to create equality of opportunity translates into the need for services that support those values and the efforts of the educational system to be responsive to society's expectations. The educational concepts of mainstreaming, least restrictive environment, and total inclusion involve values which will be used in evaluating what service is indispensable.

The rising costs associated with the operation of the educational system, particularly special education, which is the portion with which psychology has been most extensively identified, requires that consideration of cost be a component of the final judgment of what services are indispensable. Even a service which is 90% effective in serving 2% of the population, but which consumes 35% of the budget probably would not be viewed by the educational system as indispensable. Indispensable educational services need to involve reasonable costs and evidence of linkage to positive outcomes.

The State of Contemporary Psychology

Psychology as profession, relative to schools, recently has rediscovered the educational system. This rediscovery doesn't mean that psychologists have not continued to be involved with schools

during the past 50 years, but merely that there is a re-awakening of broad interest in schools. The American Psychological Association's creation of the Education and Practice Directorates, and the establishment of the Committee for the Advancement of Professional Practice (CAPP) and the APA Center for Psychology in Schools and Education (APA) certainly facilitated this development.

Psychologists in professional practice in school systems have found that the range of roles they are expected to fill and the required skills demand enhanced levels of training. School psychologists' training at both the predoctoral and doctoral levels has in recent years become more extensive, as is reflected in changes in certification and licensure standards. Psychology trainers need to continue to be sensitive to the skills required to fulfill future *indispensable roles*. They need to prepare psychologists for roles that involve new models of functioning in schools. The retraining of current personnel is both a major opportunity and a challenge for academic psychology.

In recent years, psychologists in private practice and agencies have come to recognize the need for involvement with schools as they work with children and families. It is increasingly clear that parents and schools expect psychologists who work external to the schools to be relevant and effective in their school-related efforts. For example, to work with children with ADHD and its co-morbid disorders almost uniformly requires involvement with the educational system.

In recent years, psychology as a profession has seen a rapid and dramatic rise in the number of psychologists prepared and licensed for professional practice. The primary driving force behind this increase initially was the development of the nationwide community mental health center system which was based on the rise in concern about the civil rights and social and emotional needs of citizens. This development was followed by the recognition of psychologists as mental health service providers by third-party payers, which translated into a huge influx of students into the profession who anticipated making a good living by practicing a socially useful profession. One side effect of these developments is that psychologists were trained and largely functioned using a medically-oriented model of individual diagnosis and treatment. While described in the school psychology literature, social systems interventions are used infrequently as the basis of the practice of psychology in schools.

The recent development of managed health care systems which have targeted mental health for cost and service reductions, when combined with the rapid rise in the number of other personnel in *mental health professions*, has created a competitive marketplace for psychologists. These conditions have stimulated psychologists to consider other marketplaces, and expanding their services to schools is a logical extension of practice. Unfortunately these psychologists carry with them the limitations inherent in a medically-oriented office-bound practice.

Historical Issues in Psychologists' Involvement in Schools

Psychologists' involvement with and in schools has a long tradition which relates to the roles of the identification of children with special education needs and individual case problem-solving. The work of Lightner Witmer, Alfred Binet, and H. H. Goddard foreshadowed psychology's contemporary involvement in those roles. During the past 50 years, schools have been largely the practice domain of *school psychologists*. These individuals were trained in a variety of diverse programs with different emphases, and at different levels of formal instruction ranging from one-year master's programs, to master's plus/specialist level, to doctoral psychologists. For the most part, school psychology has been and currently is practiced at the predoctoral level. As a result, what

psychologists currently do in and for schools has been defined by the skills and competencies of those psychologists. The performance of psychometric assessments represents the primary activity of most *school psychologists.*

The major factor that has defined the role and function of school psychologists has been the development of special education and its related legislation and regulations. The role of psychologists, in this system, initially was to identify and certify those students who needed and were entitled to a special education. In recent years that role has expanded to include more of an intervention planning and supportive consultation function to teachers and the special education team. The enactment of special education legislation has been a double-edged sword for school psychology. The legislation made available funds for the support of psychology positions in the educational system which increased employment opportunities and brought more school psychologists into the educational system. These funds also enabled some school systems to employ psychologists with advanced training to provide a wider range of services. The downside was that school psychology was largely defined at the minimal level of training, and often school psychologists' scope of practice was limited to the diagnostic and labeling function by state and local education agencies. This restriction continues to be widely imposed despite the expressed authority in federal special education legislation for psychologists to provide *related services* including psychotherapy, counseling, and consultation to school personnel and parents.

The historical issues cited above need to be considered in developing an "indispensable psychology presence in the schools." It must be recognized that the current educational system has well-established perceptions of and expectations for psychology, as well as estimates of relevance, cost, and effectiveness based on this history. Psychology will need to develop approaches that address these perceptions in the current educational context if it is to be perceived as indispensable.

Making Psychology in Schools Indispensable

The search for more effective, relevant, and indispensable ways for psychology to contribute to education is not a new endeavor. The school psychology literature and the professional associations concerned with the practice of psychology in the schools have presented a number of themes over the past 50 years regarding needed reform. I will present five themes that represent directions for change designed to enhance the perception of psychology in schools:

1. Psychology should support the mental health and educational interests of all students and teachers;
2. Diagnostic assessment focused on categorical identification needs to be replaced by a systems-oriented problem solving approach;
3. Psychology needs to work toward the restructuring of special education to eliminate categorical classification to allow for problem-solving consultations to facilitate children's functioning in the least restrictive environment;
4. Psychology needs to incorporate parents into the problem-solving and facilitate their involvement in schools; and
5. The educational process and psychological interventions need to be evaluated.

The implementation of psychological resources based on these themes will facilitate the goals of the educational system and will positively impact the perceptions of the stakeholders regarding contributions of psychology.

Service for All Teachers, Students and Parents

Psychological services, at present, are perceived by school personnel and parents as primarily relevant to *problem children* and *those with disabilities.* In contrast, if psychology were practiced as a preventive or a developmental profession, it would become relevant to all parts of the educational system. Psychologists can play key roles in designing and implementing school-based prevention programs that address academic, mental health, and physical health problems. Preventive approaches need to be regularly incorporated into the practice of psychology in schools.

The use of pre-referral consultation to teachers and parents provides another opportunity for psychology to impact the educational system before more severe problems develop. How these services can enhance educational outcomes and minimize costs needs to be documented for the educational system.

Psychologists in schools have a major support role to play in relation to both parents and teachers which can be provided through consultation and education programs. These stakeholders are often under stress and frustrated by the performance and behavior of their children/students. Timely consultation with both, which facilitates mutual problem solving, creates the possibility that minor problems or normal developmental deviations will not become long term or severe problems.

School administrators often are confronted with behavioral and mental health issues with which they are uncomfortable working, and which they believe they lack the skills to handle. The availability of psychological consultation to help address mental health problems of school personnel, issues related to interactions with parents, morale and school community issues; as well as the management of children's behaviors, are but some areas in which a psychologist can and should provide support. Such support would directly impact the perception of school administrators regarding the value of psychology.

School boards are often composed of citizens who vary in their knowledge about educational systems and psychology in general, and the specific roles and functions of psychologists in a school. Psychology has a role to play in educating school boards regarding how the mental health problems of their communities impact the schools. Psychologists, for example, can help them design methods of evaluating the performance of various components of the educational program, provide them with examples of how integrated services can be provided to children and teachers, and help ensure that school board members understand psychologically related information such as the use of standardized test scores. The suggested expanded involvement of psychologists with all these stakeholders expands the base of those who would be informed about the value of psychological services, and in so doing increases their perception of what psychology has to offer.

Individual Problem-Solving Versus Categorical Classification

For the most part, at the present time, the overwhelming bulk of psychology's efforts in schools is centered around assessment designed to determine if a child is eligible for special education services, by virtue of his/her exhibiting behavior problems and/or ability and achievement deficits that fit a specific category. Theoretically, current assessment practices are open to combinations of factors other than the child's characteristics. In practice, however, school psychological services are primarily child-focused. Once a student is labeled, they are to receive services which are supposedly individualized. Unfortunately, what typically occurs is that the same interventions or teacher approaches are used regardless of the child's categorical label. Therefore, it is very likely that the longstanding problem of demonstrating the

effectiveness of special evaluation is linked to the lack of an individualized problem solving approach. The use of an individualized problem solving approach is not driven by meeting criteria for categories, but rather by trying to develop an overall understanding of what barriers exist to the student's performance. Issues such as the way the student is currently coping, the current instructional program used, and other classroom and distal (e.g., family, community) influences on the child are all part of understanding the child's performance. Consideration of each of these factors allows for the design of individualized intervention that addresses the various components of the system that are affecting the student's performance.

The use of individualized problem solving will enable the educational system to learn more about which types of intervention are effective and for what kinds of problems. The nature of the problem and not the *type* of student will become the focus. In addition to holding promise of being more effective, this approach is less stigmatizing and is a more respectful way of understanding the diversity of human performance. The more sharply focused the specification of problems and interventions are, the easier it is to see the linkage to outcome. The individualized problem solving approach creates the basis upon which the educational stakeholders can reasonably assess the relevance and effectiveness of psychological services. The National Association of School Psychologists' *Rights Without Labels* and *Inclusive Programs for Students with Disabilities* position statements would be a good starting point for policy efforts on this theme.

Restructuring Special Education

The restructuring of special education is necessary to provide greater flexibility and ease of access to special educational services for students who encounter problems in the learning process. This restructuring would hopefully reduce the costs and delays of service delivery created by the current regulations. Given that, with the exception of the small group of students who are severely physically handicapped, most other students in the special education system currently receive essentially the same educational approach to their problems. Therefore, there appears to be no pedological or psychological need for distinct special education categories. The current system, in fact, seems to be somewhat at cross purpose with itself when it wants to mainstream special education students but also label them as different, as though there were different types of human beings.

Psychology should not be lending support to the creation of categories to apply to special education students. Rather, we should help create *special* education systems which are available to all students who need additional support whether long term or short term. A diagnostic process based on this approach would be focused on the identification of specific deficits in learning and behavior. Interventions would then be targeted toward these defects. *Special* education services would thus be made available to any student whose functioning fell below some minimal expectations for academic and social emotional functioning. In this manner special education becomes a support system to the entire educational system, a safety net that is available to all students. Such a revised system would not require the labeling of people into types, and would not discriminate against the needs of some students.

Psychologists' roles in such a restructured system would be to help in the design and implementation of interventions based on individualized problem solving. The regular classroom would be the center of the action, and the intervention team would consist of the teacher, special educator, psychologist and parents. The integration of functions versus the parceling out of responsibilities to separate service delivery sites would be an integral component of the special

education support system.

Involving Parents

Involving parents in issues related to their child's behavior and performance in school is essential to the practice of psychology in schools. Parents as taxpayers, voters, and consumers of the services of the schools are major definers of what is indispensable in schools. Unfortunately, to date, parents often have had very limited if any contact with psychologists in schools. For the 80-90 % of parents who do not have children who come in contact with the special education system, it is highly unlikely that they would have any direct contact with a psychologist in the schools during their child's 12+ years of enrollment. This lack of exposure is in itself a problem. What is more problematic, however, is the lack of exposure of parents to psychologists even within the current special education delivery system, and the type of exposure that often currently occurs.

At the present time psychologists perform one component of the *comprehensive multi-disciplinary team assessment* of students referred for special education. In a manner similar to the assembly line worker, they do their part which generally involves a psychometric assessment of a child. This may or may not involve a classroom observation and teacher interview. The collection of information about the child's home and an interview with the parent is usually performed by a different member of the assembly line. Once all the workers complete their components, they bring their components to an assembly site, called an Individual Education Program (IEP) meeting. At the IEP meeting, the parents (if they attend) and each of the workers are bombarded with *all the information.* Often this is the first time the team has shared its information with each other, and this is done in a tight time frame. Out of this meeting comes a plan designed to meet the educational and mental health needs of the student. In this process, the psychologist's role is likely to be seen by the parent, at best as mysterious, and at worst as a collaborator in a *railroad job.* This team approach is a costly, time consuming procedure whose validity has never been demonstrated in terms of enhanced educational outcomes.

If psychologists are to fulfill a valuable problem solving role, they need to interact directly with parents for the purposes of assessing parental resources that may be activated for the solution of the problem, and to identify home-school, social-emotional linkages that influence a child's behavior in school. The psychologist's consultation with teachers and parents can help achieve an *individualized* design of the IEP.

By being a part of an educational system that involves parents in respectful, enabling, and empowering ways in the education of their child, psychology can gain the justified respect of parents. Parents who interact with psychologists who support their child, support their efforts, and enhance their parenting skills will inevitably value such services.

Evaluation of Services and Outcomes

Psychology has a long-standing tradition as an empirically oriented profession. Research and evaluation skills represent a relative strength of psychologists among school personnel; thus, psychologists are capable of and should play a major role in guiding and conducting research and evaluations on the services that children receive in schools. Given that the process of schooling plays a major function in the development, maintenance, and remediation of mental health problems in children, and that school-based adult-child relationships and peer relationships hold potential to resolve, exacerbate, and even cause mental health and behavioral problems, schools should be a major research site. As a mental health research profession, psychology needs to commit itself to the study of the schooling of children.

Working with the *educational system* at all

levels, a national agenda for research into the effects of schooling on children's development should be established. The professional associations which support psychology and education need to convince the various legislative bodies in the United States of the importance of supporting such research. The creation of a system of multi-state multi-site research projects which would address the research on schooling agenda will create opportunities for psychologists to fulfill essential roles in these research efforts.

The thematic directions suggested for reforms in the functioning of psychologists are likely to enhance psychology's role in school. No psychologist or psychological organization is capable of fulfilling all these roles, and exerting enough influence to create these changes. There exists within the vision presented the opportunity for all kinds and types of psychologists to participate in the process. The dialogue must involve all stakeholders and be conducted in a way that is mindful of the values and perceptions held by the educational system. The current dialogue hopefully will begin a process that results in involving all parts of psychology as potential contributors. If the guiding principle of psychology's involvement in schools is the support and enhancement of the education system, then the inevitable outcome will be that psychology will be seen as an indispensable partner in the development of an equal opportunity society.

Chapter Eight

One Way of Looking at the Future: A Plan for Creating Value in School Psychological Services

Beeman N. Phillips

When I received the invitation to prepare a 3,000-word chapter, I had two reactions. First, I felt appreciation at the thought of being asked to write something for this book. But that reaction was overtaken by great concern. What meaningful thing could I say about "making psychologists in schools indispensable?" In some respects, the situation is analogous to that of a colleague of mine who worked for a superintendent in California about 15 years ago who kept dinning into the heads of his employees that there is no such thing as problems—only opportunities. When using intelligence tests with African American students was banned in California, a dutiful supervisor in that school district called his school psychologists together to tell them the news: "Ladies and gentlemen, I want to tell you that we are faced with an insurmountable opportunity." In a similar vein, the assignment for this chapter can be construed as an insurmountable opportunity.

The realization of such a future for psychologists in schools will, of course, require conviction, leadership, and societal and community support. Neither I nor anyone else can ever know all the factors that will be important. I can only tell my story. But I am pleased that my optimism about the future of psychologists in the schools is shared by others and that there is an underlying base of support for the compact with the future proposed in this book. After some thought, I realized that certain paths may be taken in a search for understanding of how to make psychologists in schools indispensable. Some of these paths lead through terrain that is mostly scientific and technical; other paths follow less structured, more intuitive leads. In a literary vein, Shakespeare, portraying madness, found clear threads of orderliness within apparent chaos and discord. But my concern here is with methods of making psychology in the schools more indispensable, not madness. Yet methinks, in attempting to achieve this goal, a bit of madnesslurks therein. To add a much needed perspective on the process of making psychologists in the schools more indispensable, I decided that some subjects are more in need, than others, of being brought to the attention of the readers of this book. But what are some of these topics?

One would involve explorations of the coming transition between the "school psychology" of the 20th century and the "psychology in the schools" of the 21st century. In dealing with this topic, one would need to consider the nature of the required changes, and how to overcome the difficulties that the school psychologists of the 20th century will face in coming to terms with this renaissance. Another would be a consideration of the critical

need for education reform, and the potential impact of such reforms on psychology in the schools. This would involve much more than reeling off statistics that reflect how the educational standards in our nation have been surpassed by those in other nations.

A third would be to give careful thought to the need to develop a science and research agenda for psychology in the schools in the 21st century. This would include a discussion of issues and recommendations concerning the development of scientific standards for professional practice.

For still another topic, there would be a focus on needed changes in professional roles and service delivery models for school psychological services in the schools of the future. The interface of psychologists in the schools with other professional psychologists, and human service professionals in schools and community agencies, would be a part of that discussion.

One might also want to examine the education and training of psychologists in the schools across the spectrum of graduate, doctoral, and postdoctoral programs. In such an effort, the present disjuncture of science and practice in such programs, and what it means to have an effective graduate research environment, would receive emphasis.

There is the additional need to examine the importance of ethical behavior in the psychology in the schools of the 21st century, including the "social balance sheet" that all psychologists must keep. This balance sheet is critical because how psychologists in the schools do something is as important as what they do.

Finally, time orientation is a subject that deserves special attention because it can be an important influence on the thoughts, feelings, and actions of psychologists in the schools. Psychologists tend to partition the flow of professional experience and events into the categories of past, present, and future and develop an attentional focus on one or another of these temporal frames. That focus influences how they see, evaluate, and deal with a host of scientific, practice, and professional matters. In essence, the behavioral worlds of psychologists in the schools differ as a function of their time perspectives. This means, for example, that psychologists who fail to develop a realistic sense of the future, with articulated means to goals, will experience many difficulties in adjusting to environments that are geared toward a future time perspective. Thus, giving psychologists a vision of a future psychology in the schools that they can work in and for is a crucial challenge to making the field indispensable.

Now, I realize that what I have said above is in broad strokes, and that one could write an entire article on any one of those topics.[1] In fact, one could spend a full semester on each. But I don't have a semester. I don't even have space for an extended manuscript. So, now that readers know what topics I considered writing about, let me tell you what I will write about. The subject I present in the remainder of this chapter involves a plan for operating as a psychologist in the schools in the 21st century. The plan sets forth a formula of conduct for these psychologists—functioning as individuals within their school systems, other applied settings, universities, or a members of groups and organizations of all kinds. The plan, I believe, will help psychologists in the schools to capture new developing opportunities as the field moves into the 21st century.

I see the future with optimism, confident that there will be plenty of opportunities for every psychologist in the schools to succeed. I believe that windows of opportunity will abound for the field as a whole in the years ahead. Psychologists in the schools will be in the right place, in relation to the schools of the future, at the right time. Through education reforms and health care innovations being put in place, and by transforming opportunism into idealism, and the politics of education and psychology into

statesmanship, conditions will be ripe for capturing great opportunities for professional growth and achievement of success. In pursuing these opportunities enthusiastically and energetically, psychologists in the schools will advocate the pursuit of fast-paced innovation. They will encourage pilot projects for every problem that is addressed and support committed champions of innovation. They will work for the empowerment of students, teachers, and parents.

It also means that psychologists in the schools will have an abiding interest in the nature and workings of American society, schools and schooling, and organized American psychology. And, to effectively respond to the opportunities of the 21st century, they will interweave the strands of their own professional lives with the strands of American society, schools and schooling, and organized American psychology.

But where do the greatest opportunities for psychology in the schools in the 21st century lie? I would argue that they lie with the *adding of value to every school psychological service, exclusive of its costs.* To create added value, psychologists in the schools must have the desire, agency, and willpower. But this is not enough. They also need the necessary skills to overcome the obstacles that will stand in their way. Now, in the rest of this article, I advance a formula for expressing some of the fundamental truths inherent in this situation, for readers to consider. I call it "A Formula for the Future."

The formula actually is quite simple. Envision, if you will, an equilateral triangle. It is the basis for the formula. This equilateral triangle is reflexive; it is transitive; it is symmetrical; it is balanced. And no element in the triangle is more meaningful or more important than another.

Now, if you will, at each point of the triangle visualize a function: at one tip, the function of logic; at the second, the function of emotion; at the third, the function of character. These are the only three elements required in the formula, or equation, and I now examine each of these to show how they are made operational in the professional lives of psychologists and their school psychological services programs.

I begin with the function of logic. This is the basis of scientific thought—of investigation. Logic represents that which is based on fact. It is precise and exacting. Logic is neither good nor bad, nor right or wrong. Logic—simply—is.

Without the function of logic in psychological inquiry, psychology would still be somewhere in the late 19th century. Psychology would be stagnant because "discovery" would be based on chance. We realize of course that the element of chance has some application in "discovery." But researchers in the field pursue a logical course of inquiry, and "chance" merely hurries the process along.

Logic is a rich source for the practice of psychologists in schools as well. Logic provides the rule. It is the machinery that crunches out the step by step elements of the problem solving process. It is uncompromising in its striving for perfection.

Nevertheless, in the practice of psychologists in schools, there has been a preoccupation with technical competence—more with technical virtuosity, less with things that fire the imagination; more with the mastery of formal skills, less with the satisfaction to be found in the search for far-reaching relationships among ideas. All too often, the result has been practice by the numbers.

This, then, brings me to the second element in the formula. At the second point of the triangle we find the function of "emotion." Emotion, as I define it here, is the opposite of logic. Emotion is heart—compassion, understanding, empathy. It can be the "will-o'-the- wisp" that leads to decisions by psychologists in the schools when the absolute application of logic is not possible. For example, in an assessment situation—involving an individual student or a whole school

system—after all the available facts have been gathered—after all of the "numbers" have been laid out—after all of the parameters for the decision have been established—a gap sometimes exists (a chasm, so to speak) that cannot be bridged by pure logic. Yet the decision must be made.

This is where the function of "emotion" plays its role. Emotion is the "leap of faith" that makes the decision (by the psychologist and/or others in the schools) possible. Again—as with logic—the role of discovery in scientific psychology would be severely limited without the function of emotion. For example, would Jenner and Pasteur have been able to accomplish what they did in vaccination without the element of emotion at work. Their theses were developed carefully, but it still required a leap into the unknown to provide the progress.

So now we have two elements of the formula. On the one hand we have "logic"—the element of the empirical. On the other hand we have "emotion"—the element of intuition. The final element in the equation is a function that permits the other two to operate. I will define this third element as "character"—the third point on the triangle. Character is that which defines the balance of logic and emotion. It is the processor, or the accelerator or retardant. Character determines the degree of enthusiasm—the passion—in which logic and emotion operate.

Applied to psychologists in the schools, we can see three distinct forms of character as they move through professional life. For those in the early part of their careers, theirs is the character of "youth". They crave action—they advance with impatience—they pursue their professional goals with fervor. They are filled with hope and dreams. Theirs is the age of confidence. For those in the last part of their careers, their professional lives have been tempered by experience. They "believe" but seldom "know." They use the term "perhaps" more often. Their judgments are constrained by a positive skepticism. Their professional lives are based on calculation, and the principles of graduality and evolution. Theirs is the age of caution.

For those in the prime of their professional lives, there exists the characteristics of both confidence and caution. Theirs is that of self control-governed neither by trust, nor mistrust; neither rashness, nor timidity; neither expediency, nor inaction. Theirs is the age of reason.

The formula is now complete—logic, the empirical; emotion, the intuitive; character, the application. Not only can they govern the actions and reactions of the individual psychologist in the schools, it can provide the basis for how school psychological services programs operate and how the field as a whole deals with the education and psychology environment that emerges in the 21st century.

No school psychological services program can operate, and succeed, on the basis of logic alone. Nor can a school psychological services program operate successfully on the basis of emotion alone—the whims and fancies of supervisors and administrators. Nor can a school psychological services program operate with the volatility of character in its application. To progress, to innovate, to succeed—there must exist a balance of the three elements: logic, emotion, character.

In practice, however, the balance is not always easily obtained. Factors both outside and inside the field sometimes push or prod individuals, as well as school psychological services programs, in directions that may not result in the greatest overall benefit. For this reason, psychologists in the schools must always strive to bring the equation back into balance—for themselves, and for their school psychological services program. In the process, they will discover much about themselves as persons and as psychologists, and they will help to shape a view of school psychological services that broadens and enlivens.

The equation that I have discussed in this article is not new. It was first proposed more than

2,000 years ago as "logos," "pathos," and "ethos"—logic, emotion, and character. It was set forth by a person who was one of the leading philosophers, educators, and scientists of his day. The man was Aristotle. But this proposal of more than 20 centuries ago is as valid today as it was then. It provides a formula for achievement of value in school psychological services programs. And it truly is a formula for helping to make psychology in the schools more indispensable in the 21st century.

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[1] I have gone into a lot more detail in writing about these topics elsewhere; see, e. g., Phillips (1990, 1993).

Chapter Nine

Psychology in Schools *Is* Indispensable: An Administrative Perspective

John H. Jackson

Make psychology in schools indispensable? Psychology in schools *is* indispensable! What is needed is to help the schools to see that this is truly the case. This rather personal paper, distilled from years of service delivery in the schools, provides an administrative perspective of how schools may be helped to see the indispensability of psychology in the schools.

Making the right administrative decision about the model of psychological services delivery to be practiced can ensure that the indispensability of psychological services is clearly perceived. This is particularly true for learners and the learning process in the urban school or urban school system. Promulgating the wrong model can be all but a guarantee of the demise of these indispensable services. It all depends on two alternatives:

1. Will the model adhere closely to the basic knowledge and service functions of the specialty? and
2. Will the model accommodate performance of a broad array of functions and activities not really germane to psychology? The right decision may not be consistent with the advice sometimes given to graduates eager to be viewed by administrators as generally useful, the advice to "do whatever is necessary to ingratiate yourself with the principal."

The Case for Dispensibility or Demise of Services

Many factors can impact administrative decision-making within the urban school. The model for psychological services delivery in urban schools is impacted by these same factors. These include tough times or periods of economic retrenchment, the needs of quasi-administrators or other functionaries for the many duties to be performed in urban school buildings, and the overwhelming drive by some school program administrators to "build empires" by expanding the areas of their responsibilities. There also may be the personal desire to ingratiate oneself with other building authorities.

Any one of these factors or combination of factors may become the reason for the psychological services unit to take on one additional function or activity after another. During periods of economic retrenchment, cutbacks or downsizing of staffs is common. On a daily basis, job loss is threatened. Competition among specialties, professions, and program personnel intensifies. Each takes on responsibilities. The end purpose of these frenetic

efforts is that of appearing to be extremely useful and, therefore, indispensable to the administration. The remainder of this discussion will focus on the current climate of cutbacks and economic retrenchment.

Under conditions of cutbacks, building administrators are given to believe that the list of services the psychologist appropriately can deliver is practically endless. Not only can the psychologist assess, counsel, and consult regarding psychological problems, the administrator is reassured that the psychologist also can coordinate building referrals, chair the multidisciplinary team staffings, prepare team reports in addition to his or her own report, notify parents of team meetings, chair the prereferral team meetings and prepare recommendations to the school staff, go into classrooms and demonstrate teaching techniques, assist with getting students on and off the yellow buses, help to discipline students, monitor the lunch room, perform playground duties, etc. This type of elasticity of functioning easily can be the outcome when the position description of the psychologist is vague. Also, it can occur in the urban school since there are many different jobs to be performed and to be combined or reassigned during tough times.

Experience tells us that difficulty soon enters the picture from multiple directions. The psychologist quickly finds it tiresome to perform a range of functions for which he or she has not trained and in which he or she has little or no real interest. The psychologist begins to complain that the job pressures to serve increasing numbers of school clients in increasing numbers of roles reduce the quality of service. Work taken home overnight, over the weekend, and over holidays can become regular. The job may be there, but job satisfaction has disappeared.

In schools undergoing staff cutbacks, there is the realization among psychological services staff that although the jobs are there for the moment, insecurity also abounds. The threat of continued staff reductions is ever present. Some legitimate functions of the psychologist in the schools may be taken up by non-psychologists, e.g., some of the testing. In some cases, private practice psychologists may see referred students at the school. In this context, the psychologist in the school can experience considerable anger and depression, accompanied by some feelings of betrayal by the institution.

The institution also may come to moments of realization. There may be the realization that many of the jobs the psychologist has taken over can be performed by less highly trained and less highly paid personnel, perhaps even someone from the paraprofessional level. If this is the case, why keep a highly paid staff member when a less expensive staff person can do the same job, maybe even with greater dedication? At the same time, some of the functions previously performed only by the psychologist have been taken over by other personnel. What then is there left for the psychologist to do in the schools?

In spite of the above scenario, there is much still left in the schools for the psychologist to do. However, the building administrator may not see the possibilities. The only thing clearly perceived may be that the psychologist is no longer needed. As indicated above, the superintendent or school board might move first to cut back on psychological services supervisors, since the changed perception of the role of the psychologist no longer requires specialty supervision. The position of psychologist may be the next slated for cutback.

In summary, the strategy of developing a model of psychological services delivery as a means of guaranteeing the positions of psychologists carries its own seed of destruction. First, it alters and devalues the role and functions of the psychologist in the schools. Second, some of the functions previously considered essential to the role may be taken over by others. Third, demoralization of the psychological services staff

results. Fourth, the institution may realize it is paying for expensive personnel it does not need. Fifth, the position of psychologist may be eliminated or, at best, severely limited.

Helping Schools Recognize the Psychologist's Indispensability

It is unnerving to forego the process of taking on one extra function after another when it appears as if everyone else is doing just this to keep his or her job. This is especially true when positions in all professions hosted by the schools, including one's own, are being reduced and eliminated. This is the reality in which psychologists, among others, in school systems across the country currently find themselves.

The rationale for the psychologist to be in the schools is that he or she is performing highly specialized and professional services that no one else in that setting has the training, skills, and certification to provide. The greatest contribution that the psychologist can make is to provide those unique services that are within his or her scope of competence. This is the raison d'etre for the psychologist in the school.

In my opinion, it is fraudulent for the psychologist to be in the schools for any reason other than school psychological services delivery. If not there as a psychologist, there is no professional, educational, or economic basis of the psychologist to be in the school. The psychologist is not in the schools as the administrator of educational programs, a subject area teacher, a social worker, or security aide; nor should she or he attempt to fill such roles. To even try to fill such roles in some schools may be the cause of considerable reactive labor union protests, for example, on behalf of teachers. In other instances, certification guidelines may prevent state reimbursement for psychologists who function outside their specialty area. Liability insurance may not provide coverage for functioning out of the recognized specialty area.

When the stance is taken to stay squarely within the bounds of psychological practice in the face of apparent inducements within the general school context to do otherwise, several operational decisions, in effect, are made. The basic decision is to provide services to the fullest feasible extent. This calls for a renewed dedication to services delivery in the overall program and in individual cases. Timeliness of service delivery is likely to take on added meaning. Case thoroughness and care may gain new emphasis. Follow through and follow up are apt to become consistent. In other words, an extra measure is added. The overall program may seem to have more visibility. Of central importance is the success of services delivered—that is, real help to referred students, teachers, and parents. There is less room for nonproductive periods of time.

The first corollary decision to the previously discussed basic decision is to expand legitimate psychological services where feasible. Where previously little or no therapeutic counseling has been provided, a limited amount may be added. Group intervention or therapeutic counseling with students about whom the building administration has major concerns also may be added. Where psychological consultation has been limited to individual cases, consideration might be given to consultation with the faculty on topics of child behavior that the faculty has indicated to be challenging. Unnecessary assessment or evaluation may be avoided. Program consultation may be accentuated, especially school-wide or system-wide programs, or perhaps parental advisement programs. Innovations considered should serve well the greatest number of persons.

The second corollary decision to the basic decision is to improve communication with the school. The general purpose of such improved communication is to encourage others to team with the psychologist in serving children and to make certain that everyone understands fully the contributions that psychology is making to the

school—how the psychologist functions to support the learning-citizenship-personal development programs and why the functions are essential to those programs.

In the end, the principal needs to see that his or her concerns regarding overall school goals are being addressed. The teachers need to believe that they have received real and practical help with referred students regarding a variety of problems and learning activities. The staff, especially in small schools, is always watching (even when we think they are not) and they need to see improved student behavior at the interface of their own interactions with the students. The students, too, need to know they have a caring friend in "that lady" or "that man" "who comes around to help us." The perception of the psychologist in the school by each constituency in the school should be "there is a real source of (psychological) help."

This, then, is the case for recognizing that urban, institutional school psychology is truly indispensable:

1. taking the position that the practice of psychology in the school is the only legitimate reason for the psychologist to be in the school,
2. devising administrative plans for psychological services delivery that implement a basic decision to remain a psychological services provider instead of becoming a general utility worker on the edge of the profession of psychology,
3. developing operational decisions that lead to a fully functioning service delivery program,
4. expanding legitimate psychological services as needed and possible, and
5. improving lines of communication with the school so that all may feel a part of the process of helping and knowing the specific good that has been accomplished.

Ecological Perspectives on Indispensability

Chapter Ten

Enduring Expertise of School Psychologists and the Changing Demands of Schools in the United States

Patti L. Harrison

This chapter explores the integration of two basic premises: Education in the United States will always be changing, and school psychologists have fundamental expertise that will always be necessary, regardless of changes in schools. The chapter includes a description of some of the many changes in U.S. education and a summary of the basic areas of expertise in school psychology that transcend the changes in education. The chapter concludes with guidelines to promote flexibility and growth in school psychology so that school psychologists remain indispensable professionals providing unique, important services in the constantly changing schools of the United States.

Past, Present, and Future of Education in the United States

Education in the United States has never been static and is characterized by its continuous changes. The history of American education is replete with examples of changes that affected the type and quality of instruction and other services provided to students and that impacted the field of school psychology (Fagan & Wise, 1994). For example, many of these changes were related to the characteristics of the school population. Our schools have been affected by the immigration of large number of families from other countries and the movement of families from rural to urban settings and urban to suburban settings during various times in the history of our country. Significant changes in the student population of our schools occurred when compulsory attendance laws were enacted and enforced. The U.S. student population changed when children with disabilities were assured a free and appropriate public education in federal legislation in 1975. Some historical changes in our schools resulted from concerns about the skills of students and the need for school accountability. Concerns about students' capability in math and science during the Sputnik era and concerns about basic literacy and academic skills in the 1970s and 1980s led to changes in educational services and development of assessment techniques for measuring students' skills. There are numerous other examples of changes in schools related to a multitude of historical political, demographic, social, and financial events in our country.

The past, present, and future of our schools will, without a doubt, have one strong feature in common: Numerous issues and changes have been and will continue to be an integral part of American education. The following list describes just a few current and emerging trends in our education system that could affect the profession of school psychology (see DeMers, 1995; Furlong & Morrison, 1994; Knoff & Curtis, in press; and

National Association of School Psychologists, 1994, for additional discussion about some of these trends):

(a) school reform and organizational changes,
(b) special education reform,
(c) school health care services,
(d) increased diversity in student populations,
(e) school safety,
(f) financial cutbacks and downsizing, and
(g) implementation of state and national standards, such as Goals 2000.

Basic Expertise of School Psychologists

Throughout its history, school psychology has been associated with a number of fundamental roles and areas of expertise. An illustration of the enduring nature of the expertise of school psychologists is found in the mini-series topics of one of the major journals in school psychology, *School Psychology Review*. *School Psychology Review* is now in its 25th year of publication, and several issues each year are devoted to mini-series, or themes. Table 1 contains selected mini-series topics from the past 25 years of publication of *School Psychology Review*. The diverse topics listed in Table 1 mirror some of the historical changes in education, described in the preceding section of this article. The mini-series topics also identify several basic areas of expertise in school psychology that seem to be required in schools, regardless of political, social, demographic, or financial factors of the time. For example, some topics, such as affective education and SOMPA (System of Multicultural Pluralistic Assessment) seem to be unique to a particular time in the history of education and in the history of school psychology. Other topics, such as family involvement, assessment, and diversity in student populations remain important, constant considerations.

The mini-series topics in *School Psychology Review*, as well as many other resources (e.g., Fagan & Wise, 1994; NASP, 1994; Reschly & Ysseldyke, 1995) identify several fundamental, enduring areas of expertise in school psychology that appear to be necessary regardless of the changes going on in schools. These areas are unique to the profession of school psychology; no other school-based profession has comparable expertise in these areas. These fundamental areas of expertise are described below.

Assessment. Historically, school psychologists have been identified as "assessment experts"(NASP, 1994). Although there has been much concern about the large amounts of times school psychologists devote to assessment for determination of special education eligibility (Wilson & Reschly, 1996), school psychologists have broad knowledge and expertise in assessment of children's learning and development that can be applied in many contexts in general and special education. For example, most states require some form of group achievement test across many grades in order to determine if basic competencies are being met and in order to evaluate school progress. Many school districts are incorporating more authentic forms of assessment, such as performance-assessment and portfolio assessment, into their traditional testing programs. With their extensive training in the principles of administration and interpretation of assessment techniques, school psychologists typically have more expertise in assessment than any other professionals in schools. Thus, school psychologists can make many contributions to assessment in schools beyond special education assessment.

School psychologists have expertise in providing a wide variety of intervention and prevention techniques for students experiencing learning and behavior problems. Although school psychologists' experience with providing interventions have often been tied to their roles in special education assessment, school

psychologists effectively provide behavioral, cognitive, and academic interventions that can applied to students experiencing problems across regular and special education and with variety of learning, mental health, and physical health-related problems. School psychologists have expertise in using assessment techniques to monitor progress and evaluate the effectiveness of interventions. In addition, school psychologists contribute to system and organization prevention and intervention efforts, as well as to services for individual students and groups of students.

Consultation for educators and parents. School psychologists have many skills in providing consultation for other professionals and parents, especially as they relate to providing services for children experiencing problems. A variety of school psychological services relate to consultation, including communication of information to educators and parents, collaborative problem-solving, team decision-making, and organization or system-wide analysis and planning. As with interventions, the consultation expertise of school psychologists can be applied to general and special education setting and across a variety of academic, mental health, and physical health-related problems.

Addressing needs of diverse student populations. School psychologists have substantial training and experience in addressing the many needs of diverse learners. School psychologists have gained experience in working with students across different levels of ability, with a variety of disabilities and mental and physical problems, and from all ethnic, socioeconomic, and cultural backgrounds groups. School psychologists' training in diversity, especially training in how diversity relates to children's learning and the influence of different contexts on children's development, leads them to consider a multiplicity of factors when addressing any individual student's needs.

Application of research to educational practices and policy. School psychologists have extensive training and knowledge related to theory and research in human learning and development. With their significant knowledge base about theory and research findings, school psychologists often serve as the primary professionals in schools who provide information about applying research to educational practices and policy. In addition, school psychologists' training in research techniques and tools of scientific inquiry is invaluable in development and evaluation of school-based programs.

Integrating the Changing Demands of Schools with School Psychologists' Enduring Expertise

This chapter has described possible changes in school of the United States and the areas of expertise that are unique to the profession of school psychology and that will endure, regardless of those changes. The following suggestions are offered as possible ways to ensure that school psychologists and the field of school psychology capitalize on these fundamental areas of expertise—in other words, the "strengths" of school psychologists—in today's school and in schools in the future.

1. We should focus less on redefining the field of school psychology and renaming the profession and focus more on acknowledging the significant expertise in school psychology and identifying how this expertise can address changing schools.
2. We should embrace all areas of expertise of school psychologists and avoid emphasizing one role over another or suggesting replacement of a "traditional" role (e.g., assessment, counseling) with "alternative" roles (e.g., intervention, consultation).
3. Margaret Dawson asked the following question in a 1994 *School Psychology*

Review article on the future of school psychology, "Can school psychologists get beyond the bureaucracy in schools to do things that really matter?" (p. 601). Yes, they can! School psychologists should identify specific activities and effective practices that transcend the bureaucratic, political, social, demographic, financial, and many other changes affecting schools.

4. We should identify methods to communicate our expertise to educators, parents, policy makers, and the media. The educational community still has a surprising lack of knowledge about school psychology and the many services school psychologists can provide in schools.
5. We should recognize the importance and unique roles of all professionals in schools and work with other professionals to integrate services and take advantage of each professions contributions.
6. We should identify areas of expertise and roles in school psychology that can be utilized across a number of different educational models or service delivery systems. For example, we should not solely tie our services to one model or to one system of service delivery, such as a special education model or even a reformed school model or health-care model. Our expertise can be used across all models, and over-identification with one specific model could reduce our flexibility in responding to future new models.
7. We should continue to ensure that all school psychologists have fundamental skills and expertise needed in our changing schools. American Psychological Association (APA) accreditation and National Association of School Psychologists (NASP) approval of school psychology programs promote high-quality graduate training and the attainment of important knowledge and expertise. NASP and APA standards for credentialing and continuing education, and their subsequent adoption by many state credentialing agencies, have resulted in school psychologists' greater expertise upon initial entry into the profession and life-long learning throughout their careers.
8. Instead of simply adapting to changes in schools after they happen, we should be leaders in predicting and planning for the changes at the national, state, local, and building levels. Because school psychologists are indispensable in schools, we must continue to be indispensable as active, influential participants in school changes.

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Table 1
Selected Topics of Mini-Series and Thematic Issues in *School Psychology Digest* and *School Psychology Review*

Topic	Guest Editor(s)	Date
Affective Education	Stuart N. Hart	1978, Vol. 7, No. 2
Consultation	Susan Kupisch	1978, Vol. 7, No. 3
SOMPA: A Symposium	None	1979, Vol. 8, No. 1
Behavior Disorders	Harvey F. Clarizo	1979, Vol. 8, No. 4
Behavioral Assessment	Harold Keller	1980, Vol. 9, No. 1
The Larry P. Decision	David P. Prasse	1980, Vol. 9, No. 2
Families/Parental Involvement	Sylvia Shellenberger	1981, Vol. 10, No. 1
Neuropsychology	George W. Hynd	1981, Vol. 10, No. 3
Cognitive-Behavior Interventions	George W. Hynd	1982, Vol. 11, No. 1
High School Services	Richard J. Nagle and Frederic J. Medway	1982, Vol. 11, No. 4
Multidisciplinary Teams	Charles A. Maher and Steven J. Pfeiffer	1983, Vol. 12. No. 2
Projective Assessment	Howard M. Knoff	1983, Vol. 12, No. 4
Behavioral Health	Herbert H. Severson and Sylvia Shellenberger	1984, Vol. 13, No. 2
Computers in School Psychology	C. Sue McCullough and L. Stanley Wenck	1984, Vol. 13, No. 4
Developmental Disabilities	Michael D. Powers and Sandra L. Harris	1985, Vol. 14, No. 2
Rural School Psychology	Jan Hughes and Thomas K. Fagan	1985, Vol. 14, No. 4
Linking Assessment/Instruction	Lynn S. Fuchs and Douglas Fuchs	1986, Vol. 15, No. 3
Indirect Service Delivery	Jane Close Conoley	1986, Vol. 15, No. 4

Psychological Maltreatment	Stuart Hart and Marla R. Brassard	1987, Vol. 16, No. 2
Research Methodology	Joseph C. Witt	1987, Vol. 16, No. 3
School Psychologists/Non-Traditional Settings	Steven Pfeiffer and Raymond Dean	1988, Vol. 17, No. 3
Primary Prevention	Joseph Zins and Susan G. Forman	1988, Vol. 17, No. 4
Curriculum-Based Assessment	Sylvia Rosenfield and Mark Shinn	1989, Vol. 18, No. 3
Communication Disorders	Cathy F. Telzrow	1989, Vol. 18, No. 4
Internalizing Disorders	William M. Reynolds	1990, Vol. 18, No. 2
Rational-Emotive Therapy	Michael E. Bernard and Raymond Diguiseppe	1990, Vol. 19, No. 3
Attention-Deficit Disorders	Phyllis Anne Teeter	1991, Vol. 20, No. 2
Children's Rights	Stuart N. Hart and David P. Prasse	1991, Vol. 20, No. 3
Social Functioning and Learning Disabilities	Sharon Vaughn	1992, Vol. 21, No. 3
Needs of African-American and Spanish-Speaking Students	Sharon-Ann Gopaul-McNicol	1992, Vol. 21, No. 4
Pharmacological Treatments	William E. Pelham	1993, Vol. 22, No. 2
Writing Disabilities	Virginia W. Berninger and Stephen R. Hooper	1993, Vol. 22, No. 4
School Violence	Michael J. Furlong and Gale Morrison	1994, Vol. 23, No. 2
Educational Tools for Diverse Learners	Douglas Carnine	1994, Vol. 23, No. 3
Health-Related Issues	LeAdelle Phelps and Steven Landau	1995, Vol. 24, No. 2
Reading Instruction	P. G. Aaron	1995, Vol. 24, No. 3
DSM-IV	Thomas J. Power and George J. DuPaul	1996, Vol. 25, No. 3
Organization Change and School Reform	Howard M. Knoff and Michael J. Curtis	1996, Vol. 25, No. 4

Chapter Eleven

Making Psychologists Indispensable in the Schools: Collaborative Training Approaches Involving Educators and School Psychologists

Walter B. Pryzwansky

During the last decade there has been increasing commitment to the notion of collaboration among professionals who have a professional responsibility for a client. A partially conceptual, and partially economically driven notion, the education field has embraced such a goal. In fact, the passage of Public Law 94-142, in which professional team decision-making regarding placement of children in programs for exceptional children, can be viewed as a unique event that reinforced the more general zeitgeist of collaboration.

While the employment opportunities increased dramatically in public schools for school psychologists following the adoption of P.L. 94-142, that demand continues to be the result of the externally driven rationale. The need for psychological services still seems to receive little impetus from teacher and principal requests, or from a concept of schooling which is based on inclusion of a psychological perspective to facilitate teaching and learning practices. Furthermore, the teacher continues to operate as an isolated professional. At best, the teacher has educational resource professionals to consult with, and increasingly fewer options of sending his/her students to resources to receive teaching and learning experiences except for short periods of the day. The teacher is the lowest paid "professional" in the school building and in spite of his/her central role, struggles to get through the day. One would be surprised if, even occasionally, the teacher did not express envy of other educational specialists (e.g., counselors, administrators, social workers, school psychologists) who can control the experiences they encounter during their professional day.

Previously I have drawn the unfavorable description of the teacher's role in comparison to the role of the TV anchors of the local broadcast, wherein all aspects of the television company's operation are concentrated on success of the anchor; in effect, the efforts of the educational enterprise should equally be designed to ensure the success of the individual teacher (Pryzwansky, 1996). Such a premise seems axiomatic to the goal of a successful school, yet we drift to the argument of presenting the administrator as the instructor leader, or elevating the status of the resource school professionals at the expense of the teacher. While this chapter is not the place to comprehensively address the lag in professionalizing the teacher's role, this issue should not be forgotten in any discussion of this sort. Rather, the preceding description, broadly described with some acknowledged liberties, serves as the context for the following comments. Thus, I am choosing preservice education of

teachers and the induction period for the teaching profession, in particular, as the primary emphasis for effecting the goal of making psychologists indispensable in the schools.

If, indeed, it is expected that professionals will work together as colleagues, and on teams, then it seems logical that they should be given the opportunity to train for such a collaboration. In general, school psychology faculty members have taught minimally in teacher education programs and school psychology graduate students have had little contact with teachers-in-training or educational specialists being trained at the graduate level (Buktenica, 1970; Pryzwansky, 1994). This observation is surprising, particularly given the fact that the "team" idea seems so prevalent in today's education literature. There are few examples of training educational professionals to work together, let alone systematic efforts designed to provide knowledge about the educational resource support professionals that teachers can expect to be available to them, or how to utilize these services in an effective manner (Blair, Dodd, Pohlman, & Pryzwansky, manuscript in preparation; Jackson et al., 1993). The current Professional Development School models of training being adopted by Schools of Education imply that a significant amount of clinical training will be provided in the preservice teacher training curriculum. Consequently, the opportunity exists for school psychologists in training from the same university to contribute relevant support and assistance to the student teacher and thereby enrich their practical training. Through planned collaborations in the field during the preservice training each professional could learn about the perspectives of the other along with an appreciation of the potential of professional collaborations. No doubt a sharper sense of how to structure methods for facilitating their roles will emerge also. Too often, school psychology graduate students search for "consultation" cases, and student teachers (like their classroom teacher mentors) seek out colleagues with whom they wish to share ideas and garner some support. This change in training emphasis presents an ideal opportunity to bring these professionals together to learn about each others' contributions to the goal of educating children and to forge out ways of working together in the future.

A second opportunity for reinforcing the earlier "bonding" experience of teachers and school psychologists during preservice training rests with another current development, i.e., the attention being paid to the critical need to provide new teachers with a supportive induction period as one means to address the attrition rate among teachers (Wolfe & Smith, 1996). The absence of a supportive network and work environment for teachers has been a long recognized handicap for this profession (Sarason, 1971, 1996). Few professional groups treat their members with such a "sink or swim" attitude. It should not be surprising then to discover that the 50% attrition rate is alarmingly high (Gordon, 1991). While the reasons for this phenomenon reflect other factors as well, such as the work conditions and salary conditions of teachers, the shortcomings of no or inadequate induction models are apparent. Furthermore, being a new teacher may often mean having to cope under rather poor conditions, such as the science teacher assigned to teach in five different classrooms so that all materials are hoisted on a handcart and moved from classroom to classroom. Similarly, the most "difficult" classrooms may be assigned to them. While novice teacher war stories abound, both good and bad, the good news is that recently educators have renewed their advocacy for a strong, systematic induction and mentoring programs (Wolfe & Smith, 1996). The school psychology training program, through its faculty and/or students, along with local school psychological services staff can provide a valuable resource to such a program. One such example was recently described by Babinski (1996) in which beginning teachers

participated in a volunteer program offered jointly by one faculty member from both the school psychology program and elementary education program at a major university. These faculty members provide a year long teacher support group for beginning teachers so that all sorts of challenges experienced by the teacher throughout the various phases of the year will receive attention. Clearly, both types of resource professionals working collaboratively with each other, and with the beginning teachers, can help lay the foundation for a dynamic effective career in teaching.

In a related manner, the use of peer mediated learning experiences as a supportive strategy has begun to take hold (Zins, 1996) and serves as an appropriate activity for new as well as experienced teachers. Basically, such informal or formal collegial learning systems can be designed to promote cooperative problem solving, provide support for professional learning and development, and encourage professional interaction and exchange (Pryzwansky, 1996). School psychologists should have the skills to facilitate the organization and promotion of collegial dialogue. Johnson and Pugach (1996) reported that through structured dialogue, teachers generated parsimonious interventions and were able to work diligently on implementing those plans. Such successful peer collaboration followed from a brief training session; it warrants continued attention and study by school psychologists.

As a psychological specialty, the goals of introducing and integrating school psychological services into the school setting are more unique than those of other educational specialties. School psychologists identify primarily with the psychology discipline and because of cohort-based training models have limited shared graduate training with educational personnel, even when the program is housed within a school of education. This model of training has intensified with the changes in credentialing requirements during the past ten years. While research has shown that the once common requirement that school psychologists hold a license as a teacher does not ensure greater teacher satisfaction with the service (Gerner, 1981), the specialty may have drifted too far from the idea behind such a requirement. Therefore, the early, substantive, integration of training experiences of teachers (and administrators) with school psychologists (and other support professionals) seems long overdue. As argued above, it should contribute to a richer preparation for the demanding roles they all face and promote the integration of their efforts toward a positive and successful educational system. While this paper has emphasized changes from a training program perspective, the implications for the school psychologist practitioner are apparent. Finally, an appreciation of each professional's potential for enhancing the teaching and learning process should lead to a commitment to this approach as a means for serving children and parents.

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Chapter Twelve

Replacing Schools with Children: Making Psychologists Indispensable to Schools *and* Communities

Rick Jay Short

In thinking through what might make psychologists indispensable to schools, it became clear that a simple response would fail to acknowledge the actual complexity of the topic. The idea of making psychologists *indispensable* to schools suggests that they currently are not necessary to schools, and that the task before us is simply to find a way to make us necessary. But the real situation is more complicated. By legislation, expectation, and tradition, psychology already is indispensable in the schools. Decades of advocacy by psychologists and school psychologists have resulted in psychology being essential to, or at least required in, schools right now. Almost every school in the United States has some access to a school psychologist, and some also use other types of psychologists in roles such as research and evaluation, prevention, and treatment. In many cases, this access is required by policy.

Our task is simultaneously broader, more difficult, and more important to children than finding a way to make our services requisite to the schools. After all, making psychologists necessary to schools can be accomplished simply by influencing legislation and policy to mandate our inclusion in schools. Rather, we must discover ways to make our skills so powerful and relevant to solving major problems faced by the nation's schools that they literally can't do without us—not for the benefit of psychology, but to serve children and their families. To do this, we must recognize that society's thinking about children and children's services is changing rapidly. Substantive, rather than political, indispensability may require careful rethinking of our fundamental identity,training, and practice to match these changes.

Where Psychology Already Is Indispensable

Psychology currently occupies a prominent role in at least two traditional areas of American education. At one level, psychology is a prominent and recognized foundation for preservice preparation of teachers and administrators. Psychological principles are the basis for schooling and education, even though that fact often is overlooked in debates of schools and education. Academic psychologists demonstrate the importance of this foundation when they contribute integrally to teacher preparation, and probably could be considered indispensable to undergraduate teacher education. Almost all teacher education programs require coursework in psychological foundations, learning, and development, and these courses typically are taught by professors with doctoral degrees in

psychology. Although the contribution of psychology to undergraduate teacher preparation is rather indirect in terms of its necessity in American schools, it nonetheless represents a critical element of American education. Accordingly, perhaps one way for psychology to become indispensable to schools is to organize and contribute more fully to preservice preparation of educators.

Another role for psychologists has occupied a more direct and prominent place in America's schools. Since the middle 1970s, federal legislation has mandated psychological assessment of children experiencing difficulties in school to determine eligibility for special education services. America's schools have required psychological services to perform this function, which may account for the growth in employment of school psychologists across in the nation over the last 20 years. Although other disciplines sometimes receive training in some of these procedures, legal mandates in most states require credentialed school psychologists to perform them. At least via legislation, most LEAs are unable to do without us.

School psychology has evolved to be the designated specialty within psychology to provide school-based assessment services. Although most of school psychologists' activities have focused on educational problems, they sometimes have dealt with mental health problems when these problems have influenced school performance. The evolution of special education and school psychology seems to have yielded several characteristics that are common to most school psychology practice. First, school psychologists typically address problems of individuals within school settings. Although many school psychologists have expertise in systemic change and organizational interventions, most of their practice focuses on the needs of individual students in the school. Second, the preponderance of school psychological services are diagnostic in nature. Even though school psychologists receive training in interventions, they probably are trained best for assessment and spend much of their professional time engaged in assessment activities. Third, school psychologists typically operate on problems after they have become sufficiently severe to warrant intervention outside of the classroom (e.g., after referral). Relatively few school psychologists have claimed prevention as their primary job responsibility. And fourth, school psychologists have limited their services to problems of educational performance and mental health. These characteristics represent important adaptations to the traditional needs of schools and have allowed school psychologists to carve out a relatively secure niche in school-based service delivery.

The Mandated Role of School Psychology

School psychology already is indispensable to schools by federal mandate as a diagnostic profession focusing primarily on individual children with special needs. Such a role identity was appropriate given the considerable emphasis on children with special needs of the 60s and 70s, and clearly has produced significant benefits for the profession. School psychology is the only formally recognized and credentialed psychology field for practice in the schools through district- or cooperative-level employment. School psychological services are mandated in most states, and school psychology is specifically listed as a critical component of pupil services in most current education legislation.

However, significant costs also have accrued as a result of this evolution. School psychology has been identified—and has aligned itself—predominantly with special education in the schools. Such narrow alignment has focused the role of school psychologists and ensured through legislation that school psychological services will be provided, although this may change if the Individual with Disabilities Education Act (IDEA)

is reauthorized using the term "psychological services." On the other hand, alignment solely with special education may have resulted in limited opportunities for and identification with broader education, schooling, and children's issues, including education and health care reform. Also, school psychology's evolution away from identification with professional psychology has allowed nondoctoral practice in schools to flourish, but may have limited recognition of school psychologists' parity with other professional psychologists in service delivery outside of the schools. Perhaps most important, identification with special education may have reinforced a setting- and program-based conceptualization of services, rather than a broader child-based focus.

Psychology will continue to be needed to perform both of the above functions in relation to the schools. Psychological foundations of education are essential components of undergraduate teacher preparation and will continue to be required parts of the undergraduate education curriculum. Psychoeducational assessment and diagnosis in the schools will continue to be needed as long as they are mandated by the federal governmentand associated state guidelines. In this regard, psychology may be as indispensable now as many other components of American education. However, continued relevance of and need for psychological services may depend on responsiveness to, and leadership in, national reforms that are changing the face of schooling and children's services.

Recent Changes in Ideas About Children, Families, Schools, and Communities: An Opportunity and Challenge for Psychology

The indispensability of psychology and school psychology to schools may be more fragile now as a result of changing thinking about children and how they should be served. Except for continuing debates about serving children with serious emotional disturbance, school-based special education services have been stable and well defined for a number of years. Even with current Congressional attention on passage of the Individuals with Disabilities Education Act, one of the foregrounds of American education seems to have shifted from children with disabilities to several broader, more pressing concerns that may be changing the face of our schools and communities. These concerns, such as violence and substance abuse, clearly have potent effects on schools and learning, yet probably are beyond the power and resources of schools to solve by themselves.

American policy makers may be engaged in a dramatic revision of their ideas about children and children's services. Over many years, state and federal agencies developed a bureaucratic conception of the child as a set of components, each of which could be served effectively by a different agency. Accordingly, schools served the educational component (called "student"), medical units addressed the health component (called "patient"), parents assumed overall responsibility and took care of the developmental component (called "son" or "daughter"), and so on. The primary emphasis in this conceptualization was on the particular services provided by each agency to that part of the child which was its domain. Although some overlap of responsibility was apparent, the general conceptualization of child-as-components encouraged a focus on parts of children rather than whole children and militated against collaboration or shared responsibility. Often, each agency's responsibility for its part of the child was guarded jealously in order to protect resources and ensure viability. Different segments of a child's life and development were held as being separate, with little recognition of or contact with other segments. From this perspective, the school part of the child had an existence that intersected only marginally with other facets of his/her life (at least, to the school). Although this

view of children obviously was difficult to support through research on or theories of childhood and adolescence, it provided a functional and elegant division of labor for state and federal agencies to address their domains of responsibility.

However, complex and often intractable social problems facing schools and communities have forced educators and policy makers to rethink this view, from children-as-components to children (and families) as whole units. Such a reconceptualization moved the emphasis of service delivery from what services agencies provide in their domains and the setting in which they are provided to what services children need. Child and family units assumed centrality over settings and isolated services of agencies. The need for this rethinking has become obvious as policy makers have recognized that most problems of childhood, such as violence, substance abuse, and failure to complete school, have both causes and effects that reverberate through the entire existence of children and families. For example, some school characteristics have been identified as correlates of substance abuse, which has a dramatic effect on performance in school. However, precursors and outcomes of substance abuse also clearly interact with families, peer relationships, and communities. This complex interaction of correlates andoutcomes, common to most problems of childhood, has necessitated a comprehensive, child-centered framework that extends across settings in an integrated manner.

In response to reconceptualization of children and their needs, the nation's policy makers also have revised their conceptualization of services to children. Writers in children's services have noted for several decades now that the problems of children and families are extremely complex, and may be becoming increasingly difficult as society becomes more complicated. Increasing complexity will require a shift to a more comprehensive view of children's needs, which will require greater integration and collaboration among agencies and professions to meet the needs of today's youth. Services integration requires new skills as well as a reconceptualization of our place in service to America's children and youth. The buzz words of "collaborative" and "teaming" suggest that in order to meet adequately the *comprehensive* needs of children, we must partner intraprofessionally, interprofessionally, and across systems (schools, community mental health, juvenile justice, health services, etc.) in an integrated, child-centered way. New models of school-based and -linked as well as community-based and -linked services will require new ways of delivering services across settings in ways that allow different disciplines and specialties to work in concert rather than in competition.

Rethinking Psychology to Address Reformed Policy on Children and Children's Services

To be indispensable to schools of the future, psychologists must take into account both the problems schools must deal with and changes in conceptualization of services. At least part of adapting to the changing needs of schools will need to include a move beyond the limitations of child-as-components, setting-based thinking about services to a whole-child, child-centric perspective on service delivery. Such psychological services to children and their families—including services to and in the schools—must reflect change to meet the demands of the above reconceptualizations (Talley & Short, 1994). New ideas about services to children constitute perhaps the best opportunity in many years to redefine psychological service delivery to schools and communities (Talley & Short, 1996). In any case, reformed service delivery will require integrated communication and services across many community agencies, including the schools. To be truly indispensable to schools of the future, psychologists must become indispensable to the entire community within which the school is embedded.

One important accommodation to reconceptualized children's services lies in the area of identity. The current status of psychology related to the schools reflects a clear dichotomy of identity, in which ongoing school-based psychological services are identified primarily with school psychologists and ancillary or community-based services are associated with other professional specializations in psychology. This division of professional identity was functional as long as children's educational needs (for which the schools were responsible) were viewed as separate from other facets of their existence (which were the responsibility of other agencies). School psychologists served the school child, and other psychologists in other settings served other parts of the child. Recognition of the complex and interrelated nature of children's needs, coupled with acknowledgment of the need for comprehensive, integrated services to meet these needs, may have rendered setting-based notions of professional identity obsolete. Although schools will continue to constitute a primary service delivery site for children, service providers may need to identify their clients as children and their families, and frame their identity to extend wherever their services are needed. Particularly at the doctoral level, the identity of school psychology should extend beyond setting to reflect the broad range of skills and competencies—systemic and individual—that most doctoral school psychologists possess. It may be that we should consider calling doctoral psychology that serves schools, children, youth, and families something other than school psychology, although the school component should remain prominent.

In addition to identity, training and practice in professional psychology for children and families may need to change to ensure indispensability to reconceptualized schools and communities. Training and practice in school psychology typically has focused on facets of children's problems (e.g., learning, discipline) that are most evident in schools, but has dealt less thoroughly with other, equally-critical aspects of these same problems (e.g., family factors). Conversely, other professional specializations in child psychology have prepared their practitioners to address extra-school components of children, but have neglected school functioning. To address whole-child needs in an integrated manner, training and practice in child psychology should provide expertise to allow a comprehensive frame of child functioning, along with fluid service provision across settings. At the least, training and practice should include educational, mental health, public health, integrated systems, and primary health competencies.

Because traditional school psychology remains critical to special education evaluation and diagnosis, it should continue to serve as an essential core for all psychologists that provide reconceptualized services. Accordingly, training in what we have called "professional child psychology" (as we have elsewhere called such reconceptualized, comprehensive psychological services) should subsume credentialable school psychology in its core, and all doctoral psychologists within this larger specialization should be required to be credentialable in school psychology. Thus, the first two years of a doctoral program in psychology would constitute quality preparation in school psychology (Short & Talley, 1995). Subsequent training and education would move away from school psychology in both identity and content. In this way, school psychology credentialing needs would always be filled, but unique and relevant skills to meet the comprehensive needs of children in schools and communities would be added. Also, practice in professional child psychology might be based in the schools or school-linked, but in either case would extend beyond organizational boundaries to identify and meet whole-child and family needs.

A basic premise of this chapter is that society's concepts of children, schools, and communities

are undergoing significant changes. These changes are reflected prominently in federal and state policy initiatives. Although psychology always has occupied an important place in children's services, its continued relevance may depend on adapting to reconceptualized views of children and their problems, along with assumption of leadership in solving these problems. Substantive indispensability in the schools will be predicated on psychology's ability to establish itself as necessary *beyond* schools, to address complex, child-centered problems with manifestations and necessary interventions across settings and systems.

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Chapter Thirteen

Responding to School Needs: The Role of the Psychologist

Jack A. Cummings

How does a psychologist become indispensable to a school? It is as simple as responding to school needs by becoming an instrumental part of solution. An essential prerequisite to responding to a need is first identifying it. The need identification process is fraught with pitfalls. We must exercise caution to avoid professional vertigo. This is where school psychologists talk to each other, become excited about solutions that are discussed at conferences, and then mechanically impose so-called best practices on the school. Our goal should be to focus on school needs, not psychologists' needs.

Identifying School Needs

Within the past week I was part of a meeting with the practicing psychologists and practicum students working in a local special education cooperative. The discussion ranged from the district's use of suspension and expulsion as disciplinary tools to questions of the organizational structure of the special education cooperative. This was a meeting that occurred at the end of the school year and was in part focused on how psychological services should evolve the following year. There was good news in that the director of special education had secured approval of an additional school psychologist position. Since it was a small cooperative, this would have a beneficial impact on the overwhelming assessment demands placed on the psychologists' time. In the meeting, a great deal of enthusiasm was generated for implementation of a series of curriculum based assessment (CBM) in-service presentations for teachers. My fear is that CBM is a school psychology agenda. Does CBM respond to the most pressing needs felt by teachers, parents and/or students in that specific special education cooperative? My intent is not to devalue CBM, to the contrary, I believe the approach has substantial merit. My point is to raise the question of whether we would have been guilty of promoting a solution seeking a problem. Fortunately, this was a preliminary planning meeting; more extensive discussions were planned for the week prior to the start of school the following year.

Discovering Real School Needs

If meeting with school psychologists, attending school psychology conferences, and reading the professional school psychology literature are not the proper venues to discover the needs of a school, how should the psychologist in the schools identify needs? Immersion into the culture of the school is critical to establishing rapport with those individuals who inhabit the unique behavior settings we call schools. The goal is to see the school from the view of teachers,

parents, administrators, and students. By reflecting on recurring themes, the psychologist gives voice to their needs. It is not unlike the therapist who attempts to synthesize, restate, and convey the client's thoughts and feelings. Documentation of needs in written and oral forms provides a vehicle to communicate the needs to decision makers.

Where Do We Start?

The struggle begins by wading into the quagmire, "Who is the client?" Over time, I have read and listened to many discussions of this question. Is it the child? Teacher? Parent? Defining the client is critically important. In the past, I have found it interesting to watch how my orientation changes depending on whom makes the referral. When operating within the context of a school and the referring individual is the teacher, I noticed my proposed interventions tended to focus on what the teacher could do. In contrast, when the parents initiated a referral to a clinic external to the school, as an agent of the clinic my interventions were parent directed. Depending on whom brought the child to my attention, my frame of reference and perspective on the child's needs changed. When the parents bring a child to a clinic, my natural tendency was to see the problem through the eyes of the parents. Once I made this realization my definition of client changed. My conclusion is that a rigid definition of client is inappropriate. In fact, the client is and should be considered a moving target. At times it is the child, sometimes it is the teacher, and other times it is the parent. More often than not the client is not one, but a combination of these.

We cannot stop with parents and teachers. What about administrators as clients? Or possibly more broadly construed at a systems level, can the client be the school or community? Is the client the legislators who pass laws and allocate funds that influence the provision of educational services within schools? Would it be an error to omit government officials at the local, state and federal levels, i.e. those who write the regulations that proscribe the rules under which schools must function?

Crisis As Opportunity

A crisis may serve as an opportunity to focus teachers' and administrators' attention on a need. An actual example is illustrated by the evolution of psychological services in a midwestern school district. The crisis was precipitated by a cluster suicide in the high school. Media contacted school board members and administrators to ask how the school was reacting to the tragedy. The truth was that immediately following the initial suicide there had been no response other than releasing students from school to attend the funeral. Less than 24 hours after the funeral another student had died and left a note which made reference to the first suicide. After the second suicide, school personnel realized that school could have intervened. As a consequence, the psychologists working in concert with counselors and social workers devised a strategy to respond to the situation. They went out to classrooms to talk about grief and let students know that they were available for meetings with individuals or small groups. They took along a one page questionnaire that dealt with sensitive topics: depression, suicide thoughts/attempts, substance abuse, and sexual activity. All school personnel were surprised by the prevalence and severity of problems indicated in the students' surveys. Somehow it was thought that the data from national surveys did not apply to their school. When the data were shared with the school board, they willingly put money into extra psychologist positions because concrete preventive efforts were outlined to respond to the needs expressed by the students. The opportunity for change existed because everyone, from the school board to the classroom teacher, felt the urgency and shared the sense of importance of the need.

Responding to Needs with Solutions: Science and Post-Modernism

If I were to have written this position statement five years ago, I likely would have extolled the virtues of scientific method. My reasoning would have been that the preparation of psychologists is unique among professions. Physicians, teachers, optometrists, social workers, and school counselors are trained to be practitioners. Researchers in those disciplines receive separate specialized training. In contrast, psychologists are prepared as scientist-practitioners. The Boulder model of integrally linking science and practice is the foundation for most clinical, counseling, and school psychology programs. The logic is that given the relative infancy of psychology, the profession will develop quicker and have more to offer if all its practitioners are simultaneously collecting data to contribute to the knowledge base (Barlow, Hayes, & Nelson, 1984).

Personally I am in a stage of existential crisis, caught in a limbo between quantitative and qualitative approaches. I see problems with statistical tools, especially with outcomes that result from aggregating data. Does a mean actually represent the distribution of scores? Probably, yes. Can a mean represent a distribution of people? I don't think so. When we factor analyze the cognitive subtest scores of a group of children, do the resulting factors represent individual's patterns of cognitive ability? Epistemologically, I am not ready to enter the post-modern world of multiple realities and total constructivism. I continue to see substantial value in the positivist's reliance on scientific method, especially for examining the merits of competing interventions and single subject design approaches (Kratochwill & Levin, 1992). The next decade will be a vexing time when we all struggle with paradigms of inquiry. Even recognizing the limitations of our psychological knowledge, the rapid pace of researchers is impressive.

Empirical Research as a Base for Solutions

Inclusion is a movement which has seen large scale adoption. The appealing philosophical tenets of the movement have propelled the initiative forward at a rapid pace. Large numbers of children with disabilities have been moved to regular classes. There has been tremendous change in the educational landscape for children with disabilities. It is clear that the inclusion movement has drawn educators' attention to the needs of children with disabilities. In that sense, the time is ripe to take a fresh look at the body of literature relevant to inclusion.

Being able to critically analyze research is an essential contribution. This means understanding the basic tenets of research design, being familiar with the assumptions underlying the procedures, and recognizing the limitations of the findings. Making informed contributions is more than being able to conduct a critical analysis of a single research study. Competence implies placing a given investigation in a historical context and recognizing that the interpretation of research findings takes place in a socio-cultural perspective. Unfortunately, the shelf life of knowledge is limited. What we treat as an absolute truth today may be tomorrow's folly. We must be vigilant and question current practices. It is tempting to ease into a sense of comfort about what we think we know. It is more appropriate to remain skeptical. The rich context of empirical research should inform school practices.

Flexible Solutions

Solutions must remain flexible. Our tendency in schools has been to observe an effective approach and then codify it with federal/state regulations. In this manner, the multidisciplinary team was mandated by P.L. 94-142. Years later, when insightful researchers/practitioners recognized the limitations of what had become the

traditional multidisciplinary model, pre-referral teams were devised and implemented. The concept of pre-referral teams subsequently emerged in regulations as teacher assistance teams. These teams became another step in the context of relatively elaborate and rigid procedures. We spend an inordinate amount of time constructing scaffolding when some attention and effort should be spent on the foundation at the start.

Solutions Properly Targeted

Needs tend not to occur in isolation, but rather in clusters. Disjointed incrementalism is a term coined to describe discrete well-intentioned programs each designed to independently ameliorate one problem after another in the schools. To combat reading difficulties, Chapter 1 funds are appropriated and administered for the purpose of improving children's reading skills. Special education funds are appropriated and administered via a separate, independent and rather large bureaucracy. Other funds are appropriated to help those who are not special education students, but who fail the state mandated basic skills tests. Monies are targeted for substance abuse, teenage pregnancy, delinquency, drop outs, etc. Clearly, commonality exists among these various conditions. Targeting a narrow solution so as not to step on others' professional turf results in a single frame approach and neglects the intertwined nature of children's difficulties. Narrow programs fail to address the larger picture. Another problem is that the programs aimed at children with various problems are remedial rather than preventive.

Three Levels of Preventive Solutions

Cummings, Willick, and Skiba (1991) applied Caplan's (1964) three levels of prevention to the classroom. Primary prevention was defined as creating conditions for positive classroom behaviors and thereby reducing the likelihood of academic, discipline, and social problems. Thus, primary prevention is targeted to the whole group. Establishing rules at the beginning of the school year, clearly communicating instructional assignments, and varying assignments based on student's entry skills are examples of primary prevention.

Secondary prevention is an intervention instigated at the incipient stage of problem behavior. It is designed to shorten the duration and ameliorate the intensity of a problem before it interrupts the instructional flow of the classroom. Secondary prevention is an active process of monitoring students to determine who is at risk for failure. Without the intervention, the problem behavior would likely escalate and have ripple effects for the class at large. Tertiary prevention is necessary when despite the best efforts of primary and secondary prevention, an individual continues to exhibit difficulties. Whereas secondary prevention is targeted for small groups of children who are at risk for developing more serious difficulties, tertiary efforts are directed at individuals.

Once needs have been established, each of the three levels of prevention should be part of the consideration of proposed solutions. What efforts may be directed at the entire population with the goal being to promote conditions that foster healthy behaviors, i.e., behaviors that are mutually exclusive with those that lead to the problem behaviors? Given the large individual differences within a classroom it is predictable that despite the best instructional management efforts of the teacher, some of the students will experience difficulty. How will active monitoring take place to identify those who are at risk for academic failure? What accommodations will be made for those who continue to experience problems? Prevention is a powerful framework from which to conceptualize various levels of response to a school need.

Fair Solutions

Mental tests reveal startling individual differences among children. With all my soul I wish abolishing the use of mental testing would result in eliminating problems some children experience with the acquisition of academic material. Some children learn to read with little conscious effort, while others struggle despite intensive direct instruction. Is it fair? No.

Treating everyone as though they were the same compounds the injustice. Fair is not equal treatment. At the state and local levels teams of teachers and administrators ponder the question of what skills should be attained at various grade levels. The consequence is that a set of skills are identified that represent what the average student should accomplish at given grade.

Resources and Solutions

Something that psychologists must not overlook is the link between resources and solutions. The time and attention of professionals are precious commodities. Well conceived preventive approaches may remain as goals if resources are not secured to implement them. Securing resources is essentially a problem of communication. Decision-makers who have budgets must share the sense of immediacy for the problem. A primary function of the documentation and communication is the need to spread the ownership of the problem. When the problem is viewed as having more priority than others competing for the attention of the decision-maker, than it will receive attention in the form of resources.

It is essential that the director of special education, principal, superintendent, or school board not be considered as the only source of funding. Private foundations, state departments of education, and at the federal level the U.S. Department of Education all fund innovative approaches to solving various educational problems.

Conclusion

The psychologist's role in the school is relatively unique. Unlike teachers, the psychologist does not have a focus tied to the classroom level. Teachers have a primary obligation to promote the academic skills, whereas the psychologist has responsibility for seeing that the social and emotional dimensions of the child are developed. Unlike the principal, the psychologist is not in a hierarchical or supervisory position relative to teachers. These structural and substantive differences place the psychologist in an opportune position. The psychologist must respond to the genuine needs of the school, define needs broadly by breaking the coercive force of codified models of responding to each case as in the traditional referral model, and finally recognize the importance of finding resources to facilitate solutions.

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Chapter Fourteen

The School Psychologist as Citizen of the Learning Community

Sylvia Rosenfield

The African proverb, it takes a village to raise a child, has seemed increasingly timely and fitting as the problems and complexities of modern life impact upon our ability to provide healthy settings for the growth and development of children and youth. But in our modern, often fragmented, society, what does the concept of "village" mean? Hillary Clinton (1996) suggests, that "it is less a geographic place where individuals and families lived and worked together" than the "network of values and relationships that support and affect our lives" (pp. 13-14). Understood that way, it becomes clear that psychology has a powerful contribution to make to the creation of "villages" which support and facilitate the healthy psychological development of all the children in our society.

Indeed, there is a history within psychology of "giving psychology away" at the community, as well as at the individual level. Within the mental health field in the 1960s, Gerald Caplan struggled to define and practice population-oriented psychology and psychiatry. His work embodied the idea that the mental health field should be oriented to the psychological needs of populations; our task is to "capitalize on our specialized knowledge of human nature to improve the lives of people who lived, worked, studied, prayed, socialized, or were being treated in such settings." Because of the enormity of the need, he encouraged this work being done largely through influencing "the way practitioners and administrators inside these organizations dealt with the people whom they served" (Caplan & Caplan, 1993, pp. 9-10). His vision of services reflected a paradigm shift from the focus of mental health practitioners on diagnosis and treatment of individual pathology, toward both prevention of pathology and empowerment of the members of the community. Along with the work of ecological psychologists and more recently, social constructivists, it is possible to conceptualize a world view in which psychologists collaborate with others to nurture healthy settings for growth and development, and in which problems related to development and learning are viewed in the context of the ecology in which they emerge.

Although school psychology has been affected by Caplan's work, his ideas have been less widely adopted in practice. In part this may be because historically, school psychology has tended to focus more intensively on the individual. Sarason (1981) describes American psychology as "quintessentially a study of the individual organism unrelated to the history, structure, and unverbalized world views of the social order" (p. 58). Accordingly, psychologists

act as if really understanding the psychological structure of the individual provides the "means either for changing or for controlling or helping him" or her (p. 58). The so-called medical model, based on this world view, translates interpersonal and educational problems into the language of disorders. Individuals are seen as victims of these disorders, and professionals become the experts who assess and decide the problem and the label. This DSM type of approach, entrenched in the schools through the labeling processes of special education law, has resulted in enmeshing school professionals in diagnostic decision making and placement, and individual treatment options. A consequence of this focus has been not only to remove attention from conditions in the learning community which are pathogenic, such as classroom practices which foster learning problems, but also to limit the school psychology resources in addressing those conditions.

The community approach reflects the perspective that individuals are more likely to develop in positive ways when the essential core conditions are in place. It is, in part, a search for these core conditions in schools which has been the struggle for those engaged in school reform and restructuring initiatives. Much has been discussed about structural and technological reforms—and these areas do need to be addressed. But the essence of successful reform depends upon behaviors that result from restructuring the networks of values and relationships within individual classrooms and schools, "chiefly from the steady, reflective efforts of the practitioners who work in schools and from the contributions of the parents and citizens who support...education" (Tyack & Cuban, 1995, p. 135).

The critical question then is how school psychologists can make a significant contribution to the development of essential core conditions, a contribution that would make school psychologists positively indispensable to our school communities. By infusing knowledge about human behavior, skills in applying this knowledge in specific contexts, and the problem solving processes that scientist-practitioner psychologists use, school psychologists can make a measurable difference in schools. Specific examples of the kinds of activities in which population centered school psychologists would engage include (a) facilitating the development of interdisciplinary problem solving support structures in schools; (b) strengthening schools' capacity for data based decision making and evaluation of the effectiveness of programs; and (c) collaborating in the enhancement of learning and prosocial behaviors of all children, as well as in the development and implementation of classroom assessment and intervention strategies, based on research but adapted to the specific setting, when problems emerge. A brief description of these activities and some examples of how they have been conducted will illustrate the role of the school psychologist as a partner in building the learning community.

The School Psychologist as Facilitator of Interdisciplinary Teams

One of the major core conditions in restructuring schools is providing more opportunity and support for teachers and other school staff to develop collaborative work cultures. Given the stress and complexity of the teaching profession, problem-solving cultures and continuous access to professional development are necessary conditions for effective schools. A common theme in the restructuring literature is that in order to create "innovative and productive changes in the ways schools operate, the roles of all the stakeholders—parents, teachers, administrators, special educators, pupil personnel staff, and students—must be restructured to increase collaboration and problem solving among school personnel" (Rosenfield & Gravois, 1996, p. 6-7). This, in turn, requires consideration of

interdisciplinary professional relationships and functioning within the schools and the communities they serve. Further, it has been found that implementation of research-based practices requires school cultures which provide opportunities for reflection and support for change.

One structure which supports collaborative problem solving is that of the school-based team (Rosenfield & Gravois, 1996). An emerging literature supports the use of teams, particularly interdisciplinary teams, in business, health, and educational institutions. However, much has also been written about the difficulty in developing effective teams in schools and the skills needed to create such structures (Rosenfield & Gravois, 1996). The school psychologist, with knowledge of group process, interpersonal dynamics, consultation and collaboration, and change facilitation would be an indispensable member of a school interested in restructuring to a more collaborative learning culture.

In schools developing one type of support team structure, Instructional Consultation Teams (IC-Teams): (Rosenfield & Gravois, 1996), for example, the school psychologists have been both effective team members and facilitators of the emerging IC-Teams. In close collaboration with their school principals, school psychologists have been involved in readiness activities in preparation for the implementation of the team, selecting team members, training the team, and team maintenance activities, as well as participating in the problem solving activities of the team. As members of the team, the school psychologists have developed a more ecological perspective toward student and teacher concerns. For example, when multiple students in a first grade class were referred by their teacher for evaluation as possibly handicapped, the team engaged in problem solving with the teacher about the instructional needs of the children. The team assigned a member to work with the teacher to obtain curriculum-based assessment information about the current academic skills of the children. Based on the assessment information, the teacher was supported in developing instructional strategies and materials that met the students' needs. One school district in Maryland has increased the number of school psychologists, the amount of psychologist time per school, and arranged budget priorities to support the team facilitation role of their school psychology staff. In large part, this change in resources arose because principals and parents at school board meetings and meetings with the superintendent supported the school psychologists in their role.

The School Psychologist as Program Evaluator

In the district described above, there was a second reason that the school board supported increasing the psychologists' participation in their school communities: the school psychologist responsible for the project had systematically collected powerful evaluation data on the results of the IC-Team project. The value of school psychologists can be enhanced when they are involved in program evaluation. Cost conscious decision makers are increasingly demanding evidence of results, and accountability has become a major challenge to schools, to maintain and enhance their fiscal integrity and in their relationships with their external stakeholders.

But beyond external demands for accountability, there is also an internal need for data to enhance decision-making, as the language and beliefs of total quality management and the continuous quality improvement movement are brought into the schools. As schools develop alternative service delivery options for at-risk students or for any group of students within their care, or adopt innovative practices, there is a legitimate need to determine whether they are making a positive difference. As school reforms are layered one on top of the other but in different combinations in different schools even within the

same system, it becomes increasingly essential to evaluate the effectiveness of change.

However, although data-based decision-making is becoming a mantra for state and school district administrators, the norms of most schools do not include reliance on data—internal or external—for problem solving or accountability, and skills in evaluation are often limited or unavailable at the school level. School psychologists are a school-based professional with access to the knowledge of evaluation. Traditionally, psychological evaluation has been focused on individual students; moreover, the lack of research by school psychologists (and other applied psychologists) is widely documented. However, inservice and preservice education could refocus the scientist-practitioner toward an emphasis on program evaluation which would provide indispensable information for school decision making. The application of clinical replication and small N research designs by school psychologists would provide meaningful data in schools adopting new programs in general education or for small groups of youngsters with special needs.

The School Psychologist as Facilitator of Academic Achievement

Perhaps the central issue in the current reform movement is the improvement of learning, most usefully when it is widely construed enough to include "intellectual, civic, and social development, not simply...impressive test scores" (Tyack & Cuban, 1995, p. 136). Schools struggle to meet high standards of academic achievement, often determined by state and national standards, and attempt to address concerns raised by the business community. There is a strong knowledge base in psychology that would be helpful to school personnel as they concentrate on improving academic achievement. However, this knowledge base is often only superficially understood by school personnel, who require assistance in the process of translating the instructional principles into day to day classroom activities. A good example of this problem is found in the assessment area. A critical principle of best practice in instruction requires that entry level skills of students be assessed within the ongoing curricula of the classroom, so that instruction is at the student's instructional level and academic engaged time can be maximized. But research documents that most teachers' classroom assessment skills have not been adequately developed in their preservice programs. Moreover, innovations based on research usually look very different when they are translated into actual classroom practice, and adaptations in innovations are often necessary as implementation is scaled up into new classrooms and schools. Unless the underlying principles are well understood, variations can be generated which are not congruent with the innovation's critical elements.

Thus there is a considerable instructional consultation role for school psychologists in the academic domain (Rosenfield & Gravois, 1996), beyond the marginal one of testing students for disabilities related to learning problems. School psychologists should be collaborative partners with teachers in addressing a primary way in which the latter evaluate their own competence—the academic progress of their students. Knowledge of curriculum-based assessment/measurement strategies, and an indepth understanding of the instructional psychology principles that are the foundation for all good instruction provide an indispensable resource to the classroom teacher. The school psychologist can assist in problem solving in which instructional problems are viewed as teaching challenges, a process that can decrease the special education referral rate and increase the school's academic support system.

The School Psychologist as Agent of Socialization in Schools

A second major goal of schooling is the social

and civic development of children and youth. This involves both creating settings which facilitate this development and resolving behavioral and interpersonal issues that students bring into the schools. It also includes coping with the challenging behaviors of a small number of students who disproportionately drain attention from learning and teaching. Many of these students are diverted through the special education process into programs for the seriously emotionally disturbed. Although school psychologists are involved in the labeling and placement process, there is typically less involvement in providing intensive services to these students, who often move into increasingly restrictive placements.

Strong concerns about challenging behaviors suggest a number of essential roles for behavioral specialists, such as school psychologists. Schools have a strong potential "to alter the culture of violence prevalent in American society" (American Psychological Association Task Force on Violence and the Family, 1996, p. 129) because of their access to children and families. Certainly schools are sites in which we can both:

> create services for the earliest possible identification and referral of children who show emotional and behavioral problems related to unusually high levels of aggression and provide these children with appropriate educational experiences and psychological interventions (p. 128) and:
>
> take the long view of violence prevention, ensuring that their curricula, administrative practices and interactions with students aim toward preventing the development of violent behaviors (p. 130).

An extensive array of school based and classroom based management strategies exist that could assist schools in meeting the challenges described in these recommendations. These include social problem-solving techniques, conflict resolution programs, and multiple other interventions designed to provide healthy interpersonal environments for all children, with some programs uniquely designed for coping with challenging behaviors. Since there is evidence that teacher and parent involvement in teaching social problem solving skills facilitates generalization of appropriate behaviors in students, school psychologists can maximize their influence by co-leading groups with teachers and parents.

But in addition to bringing specific, research-based programs into schools, there are examples of creative site-based interventions. In a school in which students trashed a boys' bathroom, the students who perpetrated the incident were involved by the school psychologist in a major clean up of the bathroom and the school, an intervention based on overcorrection. This intervention increased the children's investment in their school, and they continued working together—at their request, to paint the bathrooms and hallways, and clean up the graffiti on the exterior walls of the school. Elsewhere, a school psychologist worked with an elementary school principal and teachers on a school-wide concern about challenging behaviors of the students. They developed a data base on office referrals by teachers, and discovered that a small cadre of nine students out of over 700 made up the predominant source of troubling behavior referrals. They determined that school-wide procedures for office referrals were not being consistently implemented. New procedures were designed to ensure consistent implementation, and they developed processes to ensure that the students with the most challenging behaviors received appropriate intervention. Accountability and data collection on the individual and school level were helpful in evaluating the effectiveness of the intervention design.

Restructuring School Psychology

Currently there are school psychologists who

are functioning as essential partners in building learning communities in schools, and others struggling to find ways to include more of such activities. Many school psychologists who would like to function in this role need additional training in some particular aspects: learning how to facilitate team development, building program evaluation skills, and developing the competence to more effectively give away psychology's knowledge base in instruction, classroom management, and healthy social interaction. Not all school psychologists may be equally effective in these areas, but differentiated staffing and interagency collaborations may provide access to skills which an individual school psychologist may lack. Perhaps, most of all, many school psychologists need to be able to advocate more effectively for this role with school administrators and not automatically accept that they will not be allowed to engage in these activities. Some of this perception is accurate, however, and organized psychology needs to advocate even more effectively for this role as well.

Building a "village" for the benefit of all members is a worthy challenge and goal. The school psychologist must be an essential partner in building a healthy environment for all the residents, because we provide access to the domain of psychology. In broadening our participation in the learning community, we maximize our contribution to the development of our most precious members, the students.

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Marketing Perspectives on Indispensability

Chapter Fifteen

Listening to Our Clients: A Strategy for Making Psychology Indispensable in the Schools

Marla R. Brassard

The official theme of the 1995 Second Annual Trainers' Institute at the American Psychological Association's annual meeting was "Redefining the Doctoral Level Specialty of School Psychology for the Twenty-first Century." The unofficial theme became exploring two questions related to the image of doctoral school psychology: (a) why does doctoral school psychology not have parity with the specialties of clinical and counseling psychology? and (b) how could doctoral school psychologists market their skills such that school districts would hire them to do a greater variety of activities to promote educational and mental health in the schools and pay doctoral-level school psychologists so that they would be interested in doing this work?

An answer to the first question, suggested by participants, is that neither schools nor special education is perceived well. It is thus difficult to disentangle the image of school psychologists from the public's perception of schools and the special education enterprise with which school psychologists are associated. The second answer proposed was that most psychologists think of school psychologists, including doctoral school psychologists, as being non-doctoral personnel. This is indeed true. Since most are, all are often perceived to be. However, there is a high degree of overlap in the training between non-doctoral and doctoral school psychologists and if non-doctoral school psychologists had a good reputation, then doctoral school psychologists should benefit from this rather than having it held against them. So why do school psychologists not have the reputation that they would like, either at the specialist or non-doctoral level?

The second question came from our panel of two non-school psychologists practicing in the schools and two school psychologists practicing in roles not traditionally assigned to school psychologists. They strongly felt that schools needed well-trained doctoral psychologists to help them with problems like substance abuse, violence, hopelessness, child maltreatment, and the related psychological disorders that develop as a result of having to cope with these sorts of problems. It was clear from the data that Dan Reschly presented at the conference that individuals most likely to be trained in prevention programs and dealing with issues of violence and substance abuse were doctoral school psychologists, less than half of whom continue to work in school settings. Thus, the question became why do doctoral school psychologists choose to practice outside of school settings? Restriction to the roles of assessment and placement, lower status than in hospital or private practice, and lower salaries (in some places) than might be obtained

elsewhere were posited as the reasons. From this discussion, it emerged that most participants thought that doctoral school psychologists had a tremendous array of skills, but nobody knew about them. As one participant put it, "How is it that we think we're so wonderful, but nobody else seems to agree?" The group then moved on to marketing as a key issue, let people know how wonderful we are and then people will like and respect us better.

Why do we have this image problem? If we think, as this group genuinely did that we are so wonderful, why do we have such an image problem with other psychologists? Do we also have an image problem with parents, school personnel, and the general public? To answer this question, I did very informal marketing research, asking people I know who work with school psychologists, doctoral and nondoctoral, about their experiences with and image of school psychologists. The sample, although small and unrepresentative, suggested some answers that I think are valid.

In terms of our reputation with other psychologists, I asked a close colleague who is a clinical psychologist training counseling and clinical psychologists, and another colleague who is a counseling psychologist who trains counseling and clinical psychologists and has a school related private practice, what they thought of school psychologists. One said that many clinical psychologists resent the fact that doctoral-level school psychologists want to practice in any setting that clinical psychologists traditionally practice in, such as hospitals, but are unwilling to let clinical psychologists practice in schools. He said there was a lot of resentment around the fact that when it came to taking a united stand against nondoctoral practitioners using the title *psychologist,* doctoral-level school psychologists could not be relied upon to hold ranks with the rest of professional psychology. In his experience, school psychologists at all levels are not well trained in diagnosing and treating a wide range of clinical problems; their expertise is in educational and learning problems and thus they are perceived as being different than the other two applied specialties.

Another colleague, who also has child training and has a private practice that focuses on children, said that school-based school psychologists are supposed to be assessment experts and, yet, they know very little about diagnosis other than learning disabilities and mental retardation and they rarely do any personality assessment. He feels his whole private practice is based upon the fact that he can do excellent personality assessment and that he knows how to diagnose attention deficit hyperactivity disorder (ADHD), mood, anxiety, and psychotic disorders. He feels that if school psychologists were truly competent at assessment, he would have a much more limited private practice. Thus, he sees school psychologists as individuals who competently obtain scores on cognitive tests, but who are limited in administering and interpreting tests that describe the whole person and provide useful diagnostic and treatment information.

I also asked two of my doctoral students, trained in a combined School and Counseling Psychology program, now interning in APA-approved non-school internships, what were the views of school psychologists held by other psychologists with whom they work. They both felt that the school internship, the assessment and special education training they had received made them much more competent at assessment and learning issues than the counseling and child clinical students who were working with them in the same settings. They felt respected and valued for that expertise. However, they reported that the psychological evaluations received from school psychologists in the public schools were seen as almost worthless by the professional staffs on which they worked. The staffs felts that they could count on the accuracy of the cognitive tests given, but that there was no information that would allow

them to really understand the child and they, therefore, had to do almost the entire evaluation over again in order to come up with a diagnosis and treatment recommendations that were useful.

I then questioned a friend of mine who is a parent of a handicapped child. She has five children, four of whom are doing extremely well in school and one of whom is mildly mentally retarded. My friend is having a very difficult time accepting her child's limitations. She has considerable anger at her school psychologist who informed her, quite accurately I believe, that the alternative treatment modalities that she has tried are worthless in terms of remediating her daughter's difficulties. She sees her school psychologist as a critic and an enemy who has labeled her daughter as mildly mentally retarded, who gives her no hope, and who is openly skeptical of the efforts that she is making to help her daughter. She would certainly not be an advocate for school psychological services should they be threatened in her district. What she would like is someone who would talk non-judgmentally about the research evidence for the various treatments that she wants to try because she is interested in that information. However, she would like to have someone with whom she could talk about her distress over her daughter's difficulties, the pressures she is placing on her daughter to measure up to her other children, and the sadness and despair she feels regarding her daughter's future. If she could see her school psychologist as a non-judgmental resource rather than a judge, her view of this individual might be very different.

Another colleague who is a reading teacher shared with me her experiences with school psychologists. Over the course of her 20-year career, only two of these individuals stood out in her mind. One was a school psychologist who defined his role exclusively in terms of assessment. She found him to be a peripheral figure at school who simply tested children, reported the scores, and offered no other information or advice or information that would help her or the teachers understand a particular student. The psychologist that replaced this individual was actually a clinical psychologist who was working as a school psychologist on a waiver while she finished up some extra course requirements. My colleague reported that she and the other teachers found this woman very useful even though she knew little about curricula, instruction, or learning problems. Although she was in their school two days per week, she made regular appearances in the teachers' room, was very interested in the other teachers and made them feel quite comfortable with her, was quite willing to discuss individual children, and often had insightful things to say regarding the children and their parents. Her comments and suggestions were practical and some teachers found themselves dropping by to seek personal assistance regarding a problem they felt personally was bothering them and interfering with their work. She would talk to them regarding these difficulties and made suggestions for further referral or other management of the problem.

Finally, I spoke to a colleague who is a vice principal of a large urban high school. He had mostly positive experiences with school psychologists who worked collaboratively with him on crisis intervention and offered a variety of intervention groups for the troubled teens in his school. His criticism of school psychologists in general was that they were not seen by teachers as offering them any useful service other than removing difficult children though special education placement. He said they were not involved in district-wide programs. Their involvement was at a micro level with a few troubled or handicapped children, not at a macro level that was of obvious benefit to all school staff and students. In his opinion, the long term survival of psychologists in school was dependent on serving the needs of all students and school personnel.

What do I make of this informal poll?

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1. First, we need to *conduct marketing research with our main constituencies:* parents of handicapped children, parents of regular education children, school administrators, regular and special education teachers, secondary school students who use our services, and other mental health professions with whom we interact. This can be as simple as running a series of focus groups at our own district or as elaborate as having our national organization sponsor selected and representative focus groups around the country. We need detailed information about our image and about the perceived effectiveness of the services that we provide and this information needs to be collected regularly.
2. *Regularly assess the quality of services.* University faculty are quite used to having their courses evaluated and in that way, they receive feedback on a regular basis on what is effective and what is ineffective in that aspect of their training program. When first instituted this practice met with much resistance, but is now routine. Public schools do not solicit feedback from their clients. If we regularly requested a brief, anonymous evaluation of how our services are received by teachers, parents, administrators, and children 10 and older, we would not only have data to show to those who might question the value of our services, but we would be receiving regular feedback on their effectiveness which would allow us to improve. Encouraging our school district to engage in needs assessment and a fairly simply program evaluation would also be a means by which all school services could be evaluated and improved. Performing this role, once accepted, would provide a very valuable service for any district.
3. Odd as this may seem, *we need to be better at assessment.* All of our programs teach cognitive assessment, but not all of them teach how to obtain detailed information on cognitive and academic functioning that translates into useful curricular suggestions for regular and special educational staff. Many of our programs provide only superficial instruction in personality assessment; very few train students in how to develop an integrated analysis of personality, behavior, and intellectual abilities that provides a coherent picture of a person in context useful to the individual evaluated, their family, and the school staff.

Few programs discuss the dynamics of the assessment situation. This is not surprising as there is very little literature available on this topic. However, ignoring the interpersonal dynamics of this situation can lead to some of the problems mentioned by my friend with the mildly handicapped daughter. The assessment function, its labeling and gate-keeping role, can easily put school psychologists in the position as being seen as the expert and the judge who holds enormous power over the labeling and placement of a child. We become an easy focus for the hostility and despair of parents coping with a handicapped child or for a teacher unable to teach or control a child in his or her classroom. Ignoring the built in dynamics of assessment can make us defensive about our decision-making rather than attuned to its psychological impact on the parent and teacher involved. Focusing on dynamics would also assist students and practitioners in using their emotional reactions to clients as diagnostically useful information, help them avoid acting out towards clients when the psychologist's personal issues are triggered, and increase sensitivity to the responses to minority and immigrant students who may enter the assessment situation with different assumptions than mainstream students. Finally, in the

assessment area, we need to offer recommendations that are really helpful to people—both small, practical suggestions such as enrolling an ADHD child in a martial arts training program to improve self-discipline, concentration, and self-esteem, and larger suggestions such as developing a more comprehensive and consistent school-and home-based program for the same disorder. Assessment information has to be perceived as being helpful to our all clients.

4. *Divide specialist training into secondary and elementary school psychology.* Perhaps it is time for us to accept the fact that being a school psychologist in an elementary school is a very different job from being a school psychologist in a secondary school. Preschool and elementary school psychologists do almost all of the initial diagnoses of children's learning problems and developmental disorders; they work collaboratively with teachers and other allied health professionals such as speech pathologists, occupational therapists, physical therapists, and nurses to diagnose and develop intervention programs for this population. Thus, preschool and elementary school psychologists need to have a great deal of knowledge about developmental disorders and low incidence handicaps; they need to be experts at the diagnosis of mental retardation, learning disabilities, specifically dyslexia, attention deficit/hyperactivity disorder, conduct disorder, and autism. In terms of intervention skills, they need to be very skilled in (a) consulting with parents and teachers (b) leading groups that offer support for parents of handicapped children and (c) teaching child management strategies and other psychoeducational content. At the secondary level, all developmental disabilities have been identified and most new diagnoses involves anxiety, mood, personality, or psychotic disorders. Skills in suicide assessment are particularly critical. Psychologists in secondary schools are much more likely to run psychoeducational and psychotherapeutic groups that address a variety of stress and mental health related conditions. They also need to be quite skilled at crisis intervention and short-term work with individuals and families. Skills in developing prevention and intervention programs that deal with school and community violence, substance abuse, and issues of sexuality are also very desirable. By specializing in one age group and its required competencies over another as opposed to trying to train people to perform all of these activities, we are much more likely to train professionals who will be widely respected and successful in their jobs. This is particularly true at the specialist level where there is so little time.
5. *Offer stress reduction and referral services to teachers.* There is one important group within the school to which we have rarely, if ever, directed our mental health services. This group is teachers. Teaching is often an enormously stressful job and teachers often feel put upon by students and parents, and unsupported by their administrators. Programs are needed to help teachers deal with the stress in their lives through school-wide stress reduction programs, teach them how to cope with difficult situations such as parent/teacher conferences or angry parents, and provide them with a confidential place to go for initial screening and referral should they begin to find the stress in their lives overwhelming. These actions would provide a welcome, if not indispensable service to the majority of school personnel

with whom we work. The drawbacks are that such services would take up already limited time and might lead to conflicts of interest.

6. *Collaborate in designing and implementing school-wide programs that enhance school safety, regular education outcomes, and prosocial behavior on the part of children and adolescents.* Being indispensable means helping administrators and teachers achieve their goals. These include high rates of graduation from high school; good achievement test scores; a reputation for safe, drug-free schools; and in some places, strong athletic programs. Addressing issues of dropout, school/community violence, vulnerability to drug use/abuse, and instructional practice have all been the focus of intense research and intervention by psychologists. If we listen to our clients we may be able to identify areas in which our expertise may assist schools in achieving the goals that they value.

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Chapter Sixteen

Making Psychologists Indispensable in Schools: Do We Really Have To?

Tom Kubiszyn

My position as Assistant Executive Director for Practice and Director of the Office of Policy and Advocacy in the Schools for the American Psychological Association (APA) affords me the unique opportunity to hear what psychologists interested in school practice across the country have to say about the vitality of psychological services delivery in the schools. And they do have a lot to say! The following responses illustrate the breadth of opinion voiced by psychologists to the question, "What do you think needs to be done to make psychologists indispensable in the schools?"

> "Psychologists need to be made indispensable in the schools before it is too late."
>
> "Psychologists already are indispensable in the schools, but by asking this question you are suggesting they may not be. So stop asking it!."
>
> "It is too late to make psychologists indispensable in the schools, we are just waiting for the shoe to drop."

In concert with these widely varied opinions, a wide variety of staffing and service delivery trends are evident across the country. In some areas, the status quo has been maintained, with services delivered only to special education referred children, and at staffing and service levels comparable to those of a decade or more ago. Elsewhere, staff positions have been cut, with mandated special education services increasingly provided by lesser trained and/or contractual providers. In yet other areas, prevention, diagnostic, and intervention services are being provided to both regular and special education students, and psychological service delivery staffs are expanding, with increasing numbers of doctoral level providers. With such a diversity in staffing and service delivery across the country, it is not surprising that individual psychologists vary widely when asked what needs to be done to make psychologists indispensable in the schools.

One of my responsibilities at the APA is to "keep my finger on the pulse" of professional psychology practice, particularly in the schools. In addition, broader state, regional, and national trends are monitored within the economic, political, and social realms to assess their potential for impact on psychological practice in the schools. These data are shared with APA central office staff and APA leadership to develop policy and advocacy initiatives to help protect and promote the practice of psychology in the schools and school-related settings.

To carry out this function, input must be obtained from practitioners. It must then be organized and integrated with data acquired from

other sources regarding relevant issues and trends. Finally, findings, conclusions, and recommendations are shared with the membership. In the remainder of this chapter, I will share what I have learned about the viability of psychological services in the schools, reconcile an apparent paradox, and attempt to convince the reader that activities that can help make psychologists indispensable in the schools are both needed and timely. Finally, I will describe what I believe some of those activities should be.

A Confluence of Forces

Powerful economic, social, and political forces are reshaping the schools and the perceptions of legislators, government officials, school boards, administrators, teachers, businesses, and parents about the kinds of pupil services that are needed in the schools (Carlson, Tharinger, Bricklin, DeMers, & Paavola, 1996; Talley & Short, 1996; Tharinger et al., 1996). Examples of some of these forces at both the national and local levels will be discussed next.

National Trends. At the national level, the trend toward devolution—the shifting of decision-making power away from the national or federal level to state, and then to county and local decision-making bodies—portends changes that may be unprecedented in terms of the potential breadth and depth of their effects. Under devolution, localities are increasingly being allowed, through various waivers and block grants, to utilize federal revenue and establish policy in ways they believe to be most beneficial at the local or state level without federal oversight.

Under devolution, localities may no longer be required to follow federal mandates for services or account to federal agencies for expenditures. Localities may welcome a lessening of bureaucratic requirements and increased local decision-making control, but this freedom is not without cost. At each devolutionary level, federal, state, county, and local, a percentage of the federal funds (which may vary between two and five percent) is retained by each administrative body for expenses. This is referred to as a "hold-back." Thus, by the time the federal dollar reaches the local level, it may be worth only 75 or 85 cents.

In short, while devolution frees local decision-makers of federal reporting and oversight requirements, it brings with it less federal revenue. Thus, maintenance of services at predevolution levels becomes a challenge. Since federal dollars, on average, amount to less than ten percent of a district's budget, devolutionary hold-backs may reduce the district's overall budget by "only" one to two percent. While a reduction of this size may appear inconsequential, it should be recalled that cuts often are made in support services before they are made in direct instruction, athletics, band, or other areas. Thus, pupil services would suffer disproportionately from reductions due to devolutionary hold-backs. To the degree that psychologists are viewed as indispensable in the schools, they are less likely to suffer from these cuts.

Local Trends. To try to meet current and anticipated needs on what are often stagnant or decreasing budgets, school boards and administrators have begun to adopt cost-cutting, bottom-line oriented approaches to service delivery. Professional and nonprofessional staff alike are learning that in today's cost-conscious educational environment expectations for annual salary increases, reductions in pupil-teacher ratios, and even long-term job security are no longer as viable as they recently were. Like their counterparts in the business world, psychologists in the schools increasingly must face the specter of "downsizing" (e.g., nonrenewal of contracts, increases in pupil-school psychologist ratios) and "outsourcing" (e.g., privatization and contractual services). In general, as school budgets are stretched to accommodate the increasing needs of many of today's students, "do more with less" has become the "standard operating procedure" in

many districts.

Furthermore, school boards are required to allocate funds from limited budgets to priorities beyond instructional and pupil services. In urban areas in particular, violence as well as renovation and replacement of decaying physical plants increasingly are issues. Floating bond issues to cover physical plant replacement tends to be more difficult in such areas than in suburban areas with stable, if not expanding tax bases. Thus, monies need to come from somewhere. To what will school boards allocate limited funds? To repair or replace crumbling walls and restrooms, leaking roofs, and broken windows? To install various security devices? Or, to hire or grant salary increases to instructional and pupil services personnel?

In addition, questions regarding the necessity, value and appropriateness of various specialty practices and practitioners in the schools, such as psychologists, are being raised around the country. Decision-makers are being lobbied by various groups with agendas that are potentially damaging to psychologists in the schools. These range from groups that believe all psychological services in the schools should be eliminated because they are viewed as intrusive, satanic, damaging, superfluous, or too expensive, to groups of nonpsychological practitioners who claim they can perform competently the duties previously performed by psychologists, and at less cost. Faced with a shrinking dollar, and political and economic pressures to eliminate or at least deliver more cost-effective mental health services, what would you do about psychological services if you were on your local school board? In today's competitive, cost-conscious environment, psychologists will be retained in the schools only if decision-makers are convinced they are indispensable. That is, decision-makers must be persuaded that what psychologists have to offer is unique, needed, and cost-effective. Perhaps this is what the first psychologist meant when she said we must become "indispensable before it is too late."

A Seeming Paradox

In spite of the national and local trends outlined above, traditional special education-linked school psychological services have remained robust in many districts, and broader-based psychological services programs have even expanded in others. Thus, it is not surprising that some psychologists respond with disbelief when they hear pessimistic projections about the future of psychological services in the schools, and with disdain, resistance or hostility when called on to contribute their time, energy, or funds to help ensure the field's future. Given the disturbing national and local trends described above, the existence of robust psychological services units in the schools seems to be a paradox.

Perhaps this is because, as some assert, psychological services in the schools are already viewed as indispensable in these districts. If this assertion is accurate, then all we should have to do is emulate the most successful psychological services units to ensure our future indispensability. Perhaps this is what the second psychologist meant when he said "psychologists already are indispensable." I wish that this were reality. From my view, however, the relative health of some psychological service units appears instead to be a function primarily of difficult to replicate community-specific factors, and longstanding legislative and legal factors. These are reviewed next.

Community-specific Factors. The most successful school psychological services units typically are characterized by competent and innovative psychological services staff. However, this alone does not explain fully their success. They also tend to be located in districts and communities that have some combination of a strong or expanding tax base, administrators adept at garnering support for bond elections and

innovative programs, generous parents and businesses with "deep pockets," staff skilled at obtaining grant funding from foundations and businesses, and staff knowledgeable about obtaining reimbursement for psychological services from Medicaid and other third party payers. Obviously, these conditions exist only in some districts. In most districts the picture is much less positive. Nonetheless, if these factors are present in a district, or can be cultivated, they should be capitalized on because they can surely help psychologists strengthen their positions in schools.

Legislative and Legal Factors. More generally, traditional special education-linked school psychological services units have remained viable because of the legislative protection afforded by federal and state special education categorical service and funding mandates. Interestingly, at the federal level, the special education enabling language of the Individuals with Disabilities Education Act (IDEA) does not offer explicit protection for psychologists categorically funded to work with the special education population. IDEA does not require a psychological evaluation to be a part of each special education comprehensive evaluation, and does not require that a psychologist be part of the special education decision-making team. However, specific protections for psychologists have been included in IDEA-related state legislative and regulatory language. This language often requires a psychological assessment to be part of comprehensive evaluations and participation by a psychologist on the special education team.

Thus, the passage of IDEA-related state legislation has been both a boon and a bane for psychologists in the schools. Undeniably, such legislation has created significant employment opportunities for psychologists, and has increased the access of special education referred students to psychological services. As several recent surveys (Reschly& Wilson, 1992; Smith, 1984; Smith & Mealey, 1988) have demonstrated, however, such legislation also has been associated with a stable, but limited service delivery spectrum (i.e., assessment-related activities, and, less frequently, consultation and intervention) to a single category of student. Thus, IDEA-related legislation stimulated employment growth in school psychology while simultaneously limiting roles. As a result, categorically funded psychologists in the schools have not been able, typically, to demonstrate the full range of their competencies with the entire population of students. Arguably, then, it is IDEA-related state legislation, rather than a valuing of the contributions of psychology, or psychology's integration in the mainstream school population, which is the main reason school psychological services units are in as good of condition as they are today.

The Winds of Change

The protections afforded by state legislation no longer appear to be as ironclad as they once were. In New York State, for example, a budget bill introduced by Governor Pataki in January 1996 proposed to reduce special education expenditures by eliminating the existing requirement for a psychological evaluation to be part of the initial comprehensive special education evaluation, and eliminating psychologists as required members of the special education admission, review and dismissal committee. The status of this legislation was unknown at the time this chapter was written, but "the handwriting is on the wall." In these budget conscious times, similar legislation may be expected in other states. Indeed, several states have applied for waivers that would relieve them of the responsibility of complying with various IDEA mandates. Similar initiatives may be expected elsewhere because issues such as quality of care, while important to decision-makers, pale in comparison to the cost-cutting and political forces driving today's school budgetary decisions.

This may be what the third psychologist meant when she said she was "waiting for the shoe to drop."

The deleterious effects of cost-cutting as the dominant factor in mental health decision-making have already been seen in private sector psychological services. Practices that may be appropriate to contain costs in typical business settings have been employed to private sector mental health care on a wholesale basis. The result has been a reduction in rising health care costs, but also an erosion of patient confidentiality, provider autonomy, and the overall quality of mental health care. Clinical decision-making has shifted from providers and patients to anonymous case managers who sometimes are awarded incentives for denying care. A similar mentality may be gaining strength within the educational decision-making arena. In fact, inroads already have been made in districts that have begun billing third party payers, such as Medicaid managed care organizations, for pupil services to lighten the burden on strained education budgets.

What Can We Do to Survive and Become Indispensable?

Adopting coping strategies that have proven ineffective in the private sector will not help. These include denial of the seriousness of the threat, adopting an attitude of "This too shall pass," or engaging in internecine warfare within the field. To do so will only distract us, or lead us to sit idly by and watch what happened in the private sector reinvent itself in the public schools. We can learn from the experiences of our private sector colleagues. We can ensure that we grasp fully the profound implications of the sweeping national, state, and local political and economic trends that are driving change in psychological service delivery in the schools. We can recognize that fighting among ourselves benefits most those who would prefer to see psychologists eliminated from the schools. We can acknowledge that the forces of change provide us with the need and the opportunity to alter and revitalize the way psychological services are delivered in the schools. In the remainder of this chapter, I will describe briefly four categories of activity that can help psychologists position themselves for survival in this changing practice landscape:

(a) seek continual improvement in the science and practice of psychology;
(b) expand our competencies to meet school needs of today and tomorrow;
(c) engage in legislative, legal, and regulatory advocacy; and
(d) engage in educational advocacy to establish connections with local community decision-making bodies.

Continual Improvement in Science/Practice. Continual improvement in science-based service delivery (i.e., whenever possible utilizing objective, data-based approaches to improve cost-effectiveness and clinical efficacy in dealing with diverse populations, problems, and settings) is the foundation on which any effort to make psychology indispensable in the schools rests. Without this commitment, we will become stagnant, possibly ineffective, and indistinguishable from other, often less expensive (and therefore more attractive!) mental health providers. Unless continually improved and expanded upon, our science-based skills will soon be claimed and used by other mental health professionals without scientific training and skill (e.g., psychiatrists and others who may not possess appropriate training performing psychological assessments). Thus, maintaining a strong scientist/practitioner bias is fundamental to the survival of psychologists in the schools.

Expand Competencies. We must also expand our competencies to meet extant and expected needs. Today's schools are expected to provide a wide array of services to an ever increasing

diversity of students. Limiting ourselves to working with only the special education referred population may make our lives simpler, but also isolates us from the "mainstream" of service needs and opportunities in today's schools. If we want to become indispensable, we are more likely to be viewed as such if 100% rather than less than 20% of the school knows about us, and the breadth of services we can provide.

Developing competencies needed to deliver prevention, diagnostic, intervention, and program evaluation services to help schools cope with violence; diversity; teen pregnancy; teen parenthood; sexually-transmitted diseases; teenage drinking; smoking and other forms of substance abuse; increased use of psychopharmacological agents that affect learning, cognition, emotion, and behavior; divorce; manmade and meteorological disasters; and other contemporary issues will make us more valuable to the schools. Also, greater involvement in alternatives to traditional service delivery settings and models that enable us to reach the entire school population will need to be pursued, such as school-based health (Bricklin et al., 1995) and mental health centers (Weist, in press).

The downside of broadening the competency base is that added time and money must be spent in continuing education and obtaining the supervised experience necessary to ensure competency in dealing with a wider range of issues, settings, and individuals. Furthermore, psychologists employed in categorically funded programs may be discouraged or prohibited from providing services to a wider range of students. Thus, if such services are to be provided, it may need to be on a pro-bono basis. The upside of broadening the competency base is visibility and integration with the school's mainstream students and teachers, a step toward indispensability, and a more diverse, challenging, and potentially rewarding practice.

Legislative, Legal, and Regulatory Advocacy. We also must engage in ongoing legislative, legal and regulatory advocacy at both the federal and state levels to ensure that existing statutory and regulatory protections for psychological services in the schools are maintained, strengthened, and expanded. One aspect of such advocacy involves the contribution of personal time. This may involve something as minimal as writing a letter, sending a fax, or making a telephone call when called on by your local, state or national psychological association. Or, it may involve other activities, from testifying about the value of psychological services before legislative bodies, to an ongoing commitment to develop a relationship with a state or federal legislator.

As distasteful as it is to some, financially supporting state and national political action organizations also are vital components of such advocacy efforts. However, it also is the case that less than 10% of psychologists, even those in the ravaged private practice sector, typically contribute. Reasons for not contributing vary, but tend to focus on themes of the inappropriateness of such efforts to influence the political process, and the added expense. In today's political and economic environment, however, failure to be financially present at various political "tables" at the state and national levels only ensures one's irrelevance at decision-making time. Thus, political financial giving is an integral component of legislative, legal, and regulatory advocacy.

Educational Advocacy to Establish Local Community Connections. We also must ensure that we are "at the table" when local decisions about psychological services in the schools are made. There are two ways to do this. One is to be physically present at the decision-making table, but this is not always possible. The other is to be present, and understood, in the minds of those decision-makers who are actually at the table. Failure to be present in either way at the local decision-making table opens the door to those who would further their own political or economic

agendas by restricting or eliminating access of children to needed psychological services. But who are the decision-makers we should be "at the table" with?

They are legion. School board members, administrators, pupil services personnel, third party payers, local business leaders, parents, parent-teacher associations, teacher unions, students and their siblings, and local and state governmental agencies. All these individuals and groups, directly or indirectly, are worthwhile targets for educational advocacy. When was the last time you invited a school board member, business leader, or teacher out to lunch to describe how psychologists working in schools can make their lives better or easier? When was the last time you offered to present a message about the value of psychology in the schools to the school board, chamber of commerce, businesses, or community organizations? When was the last time youoffered your skills in process consultation, team building, or problem solving to local or state governmental agencies? Granted, not everyone will be interested in your offer, but some will be.

What is more important than the content, style, or efficacy of your involvement in establishing connections in your community is that you are actively engaged in both building visibility for your profession, and educating others about what it is we do. It is your identification as a psychologist, and your display of interest in the group whose meeting you are attending that will, with repetition, help bring psychology "to the table." Establishing visibility in this way makes it less likely that when the budget ax falls, it falls in a way that is harmful to psychology in the schools. It is much easier for community decision-makers to make cuts in programs that are silent or confusing than to make cuts in programs that are actively part of the community, and are clear, and ongoing in their educational advocacy. Educational advocacy also makes it more likely that decision-makers will call on you or other psychologists for clarification when attacks against psychology are launched by opponents driven by political and economic agendas.

What is being proposed may sound like a lot of work. It is. It may also sound like there is little to no immediate financial payoff for the effort expended. This is correct. This kind of advocacy is best viewed as an investment. The time and effort put in today may not be worth much tomorrow, or the next day. By making regular, timely contributions to the development of community connections a substantial nest egg of visibility, integration, and political goodwill will be accumulated that may pay off over the long term, although there can be no guarantees.

Summary

While psychological services units in some school districts remain robust, powerful forces of change threaten psychology's viability in the schools. In the face of these powerful forces we must not fall into the trap of denying, naively accepting, or blaming our psychologist colleagues for the way things are. Rather than allowing ourselves to be victimized by those who stand to gain political and economic advantages by eliminating psychology from the schools, we can assertively strive to take the actions necessary to ensure psychology's survival, and strive toward developing indispensability for psychologists in the schools. We can do so by strengthening our commitment to science-based practice, expanding our competencies to provide broader services to the entire school population, and engaging in legislative, legal, and regulatory advocacy. Finally, we can actively pursue a course of educational advocacy within our communities with anyone who may potentially have influence over decisions made at the local, community level. Whatever the outcome of the decision-making process, active outreach efforts to school and community decision-makers can be empowering and hope inducing. The alternative is to relegate ourselves

to feelings of powerlessness, helplessness, and frustration. Which path will you choose? One can lead to paralysis and impotence, the other can lead to survival and indispensability.

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Chapter Seventeen

Psychologists in the Schools: Routes to Becoming Indispensable

Deborah J. Tharinger

The task for this essay was to address how to make psychologists in the schools indispensable; focusing on critical issues and emerging perspectives. I enjoyed thinking about this important challenge. In recent history (the past 30 years), psychologists have been indispensable in the schools due to federal and state legislative and regulatory mandates, that is, school psychologists have been required for specific roles and functions in the identification and provision of psychological services to children and adolescents with disabilities. These mandates have reserved a place for school psychologists, primarily in assessment and the provision of related services to identified children. As these federal and reflective state legislative mandates evolve and transform, and thus affect the security of the delivery of psychological services within the parameters of these mandates, school psychologists need to position themselves to be prepared for shifts in mandated services. In addition, school psychologists need to be instrumental in the movement to develop and implement alternative psychological service delivery systems. These include comprehensive and coordinated health, mental health, and social services in schools (being referred to by some as full service schools) that are being implemented on an experimental basis throughout the country in individual schools, districts, and whole states. Psychologists and school psychologists have been fairly absent from this innovative movement, and need to be informed and prepared to market themselves and compete to play apart.

In this essay I suggest two overlapping routes for school psychologists and psychologists to become indispensable in the schools. My thinking has been influenced by my work with colleagues in school psychology and professional psychology, both nationally and at the state level, through my membership on the APA Board of Professional Affairs, the Advisory Group to the Psychology in the Schools Program in the APA Practice Directorate, the Division 16 Executive Committee, the APA Interdirectorate Task Force on Psychological Principles and Educational Reform, the APA Working Group on Schools as Health Service Delivery Sites, the APA Working Group on Developing Training Guidelines for Psychologists to Provide Services to Children and Adolescents with Mental Disorders and their Families, the APA/NASP Interorganizational Committee, and the Texas Senate Education Committee—School Psychology Task Force. I would like to thank all of my colleagues on these groups, as well as my colleagues at the University of Texas, for the exciting and challenging discussions we have had, especially over the past

five years, that have involved the evolution of school psychology and psychology in the schools.

Getting in the Door and Becoming Indispensable

I assert that to be indispensable in an occupational category, there must be an established need for the services and skills a person within the category has to offer. Along with the recognition of need, a source of funding must be available to pay for the skills and services the person has to offer. These two features get a person in the door. To remain indispensable as an individual (that is, to not be replaced by someone else), one's competence needs to continue to develop and needs to be recognized, acknowledged, and valued, which usually implies that a person is utilized in such a way that the person's competence and effectiveness are fostered and evolve. Lastly, to remain indispensable the person needs to be affordable in relation to their competence and demonstrated effectiveness.

In Figure 1, I have proposed a model, depicted as a flow chart, that demonstrates two major routes for psychologists in the schools to become indispensable. The first route, depicted on the left-hand side of Figure 1, represents working in roles and functions that are mandated by federal and state statute. The second route, illustrated on the right-hand side of Figure 1, represents working in roles and functions that are not mandated, but have been requested in terms of meeting identified needs. In actuality, it is likely that some psychologists in the schools are participating in both routes, that is, some of the services they deliver are mandated and others are not. For the former, the funding and role parameters may be firm, whereas with the later, the funding and role parameters are ever shifting and evolving.

Both routes assume that the need for the person's services and skills has been acknowledged and that competence has been obtained by the professional. It is well documented that children's educational, mental health, and health needs have been substantially and consistently unmet over the past century. The majority of children with learning difficulties, with neurological deficits that seriously impact learning and behavior, with emotional and behavioral disorders that interfere with learningand development, and with physical illnesses that have psychological components have not had their needs adequately and consistently met through the combined educational, mental health, and health systems in this country. The need for educational and psychological interventions to assist in addressing these needs has been firmly documented and demonstrated, as has the efficacy of many interventions.

Even though the need has been established and the lack of effective response has been noted, there has been an ongoing failure to address these concerns. This implies a lack of valuing of children's developmental competence, and perhaps a set of biases against persons who struggle economically, educationally, and in terms of their health and mental health. Psychologists need to educate decision makers about (a) the importance of providing for children's developing competence, and when it is lacking, to intervene early, and (b) the ability of psychologists to assist in promoting children's educational attainment, health, and mental health.

The means to obtain initial competence as a psychologist in the schools rests with university education and training programs at the specialist and doctoral levels, including the quality, breadth and depth of practicum and internship experiences, and, depending on the licensing and certification requirements in a given state, the quality of the post doctoral experience. There are two recognized levels of training within the field of school psychology that should be able to be compatible and support each other. Each has its own strengths and limitations, and the combination is stronger than the individual parts.

As my experience is with the education and training of doctoral students, I advocate for education and training models at the doctoral level that embrace and integrate the knowledge and research bases of school psychology, developmental psychology, developmental psychopathology, educational psychology, clinical psychology, health psychology, family psychology, multicultural psychology, community psychology, and organizational psychology. I also encourage professional psychology training programs in doctoral school, child clinical, and pediatric psychology to work together to examine their similarities in training and practice and their needs for advocacy.

With need demonstrated and competence firmly in place, it is useful to examine the parameters of the two routes I propose for becoming indispensable. Although the two are depicted as overlapping and yet distinct, it is likely in practice that some psychologists in the schools are simultaneously pursuing both routes.

Route 1: Responding to Mandated Roles and Functions. A model where the roles and functions of psychologists in the schools are mandated by federal legislation that has been further interpreted within state law and regulation is depicted on the left side of Figure 1. Funding has typically been appropriated by federal and state sources, and augmented by local funding. The particular job titles are usually well protected within state regulation. Thus, a person with the appropriate title and areas of desired competence applies for the job and competes with other persons who meet the required credentialing or licensing requirement.

Having secured the position, to become indispensable the person needs to demonstrate his or her competence and become valued for it. (This also applies in Route 2). Furthermore, flexibility and collaborative features must be demonstrated and recognized. If there is one rule currently in the field of educational, mental health, and health service delivery it is that much is changing and that there is a call for flexible collaboration among professionals within the educational system and other systems that serve children, as well as with parents and families. Furthermore, as the person settles into the job and the system and comes to understand the community and its needs, policies and politics, expanded competence is sought. Typically expanded competence is sought through additional training, continuing education, supervision, and consultation (again, this also applies in Route 2). Over time, within Route 1, the mandated service delivery system evolves and changes, as do the services provided and the sense of to whom and how services are provided.

New legislation or new interpretations may result that alter the service delivery system and the roles and functions of personnel within the system. It is essential within this route to be alert for proposed changes in legislation that may not be protective of psychologists in schools and to effectively lobby to protect or effectively alter the mandated roles and functions. Attendance to legislation on the state and national levels that may affect educational and health reform is essential. Finally, to remain indispensable, it is necessary to demonstrate effective outcomes; which in this route would primarily be enhanced educational attainment of the students. Lastly, cost effectiveness needs to be demonstrated.

Route 2: Responding to Innovative, Non-Mandated Roles and Functions. Psychologists who seek to become indispensable in non-mandated roles and functions have many of the same challenges as those in mandated roles and functions. In addition, they have to attend to competing in a less secure and probably more competitive marketplace (see Figure 1, right-hand side). The emerging service delivery models are attempting to be responsive to the educational, health, and mental health needs of all children. The emphasis on all children, and not just children with identified disabilities, has suggested the need

for enhanced competence for school psychologists in many areas, including prevention and health promotion programs designed to decrease the incidence and impact of student drop out rates, violence, substance abuse, and depression/suicide. Additional expertise also may be required in the areas of developmental psychopathology, differential diagnosis, family intervention, neuropsychological assessment, diversity, health psychology (i.e., psychological aspects of physical illnesses), and psychopharmacology. University programs must be prepared to educate and train their graduate students in these comprehensive areas. Current practitioners who want to be competitive within this marketplace will need to expand their scope of practice.

These emerging, but non-mandated service delivery models or programs vary in design and funding sources. They may focus on bringing extensive health services to a school, or they may be designed to provide comprehensive educational, health, mental health and social services to children, their families, and the surrounding community. They may be comprised of a loose patchwork of partnerships with community agencies, businesses and corporations, universities and colleges, and city services, or a single partnership. The funding may be provided by a combination of local foundation money, funds appropriated by the state for special programs, state or federal grant monies, and city government monies. The monies may be secure or soft and variable. Psychologists within these models need to position themselves to qualify for reimbursement opportunities that may be available for providing health services, for example, through third party payment and Medicaid (this can also apply to providers in Route 1).

The job possibilities within these models vary greatly and are often open to competition among different types of providers. For example, a job providing mental health services could be open to an individual with education and training in social work, psychiatric nursing, psychology, or counseling. No license or credential may be required, or the job opportunity may be open to a variety of different professional credentials or licenses. Also, within such a competitive market, salaries may be lower than would be desired or typical in another, less competitive marketplace. It also may be that psychology professionals with different levels of education and training, and thus different credentials or licenses, may be more or less competitive for and more or less interested in different positions. To be successful in this market within the schools, school psychologists must be aware of the opportunities, must market themselves well, and must be competitive (and then collaborative) with their colleagues from different but related disciplines.

Persons trained in school psychology are often not very experienced at marketing themselves. It is important to acknowledge the depth and breadth of training that many school psychologists have and the extensive knowledge base, skills, and experiences they have to offer. Many school psychologists are well grounded in theory and empiricism, research and evaluation, psychological assessment, methods of direct and indirect intervention with individuals, groups, and systems, and are often trained to deliver prevention and health promotion programs. To educate the public and potential employers about their extensive competencies, school psychologists need to advocate for public relations campaigns at the district, local, state, and national level.

For practitioners in non-mandated roles and functions to be deemed indispensable, their competence must be demonstrated and valued, as discussed in Route 1 and depicted in Figure 1, and their flexibility and collaborative capabilities must be demonstrated as well. Expanded competencies are needed, as discussed above. Psychologists working in these emerging models need to be well prepared to work in the trenches, which in many/most schools includes addressing issues of

violence, child abuse, alcohol and drug abuse, unmet basic needs, and often a serious paucity of resources, both financial and psychological. Furthermore, psychologists in the emerging models (as well as those performing mandated services) need to be multilingual in the professional sense; that is, they need to be able to speak and translate the languages of classroom-based educators, administrators, mental health professionals, health professionals, social service professionals, and the local language of parents, children, and adolescents. In addition, psychologists taking either Route 1 or Route 2 need to be multicultural, in the sense of helping to create and respond to school communities and school climates that reflect the diversity of the school population and the surrounding community.

Psychologists working in new and emerging non-mandated models have the opportunity to be involved in implementing a variety of innovative services, as there are typically less restrictions than in mandated models. This can include expanded services and intensive service integration, as well as expanded recipients of the services. For example, in an innovative model, psychological services might be made available to the teaching staff of a school, or to the preschool siblings of the children in an elementary school.

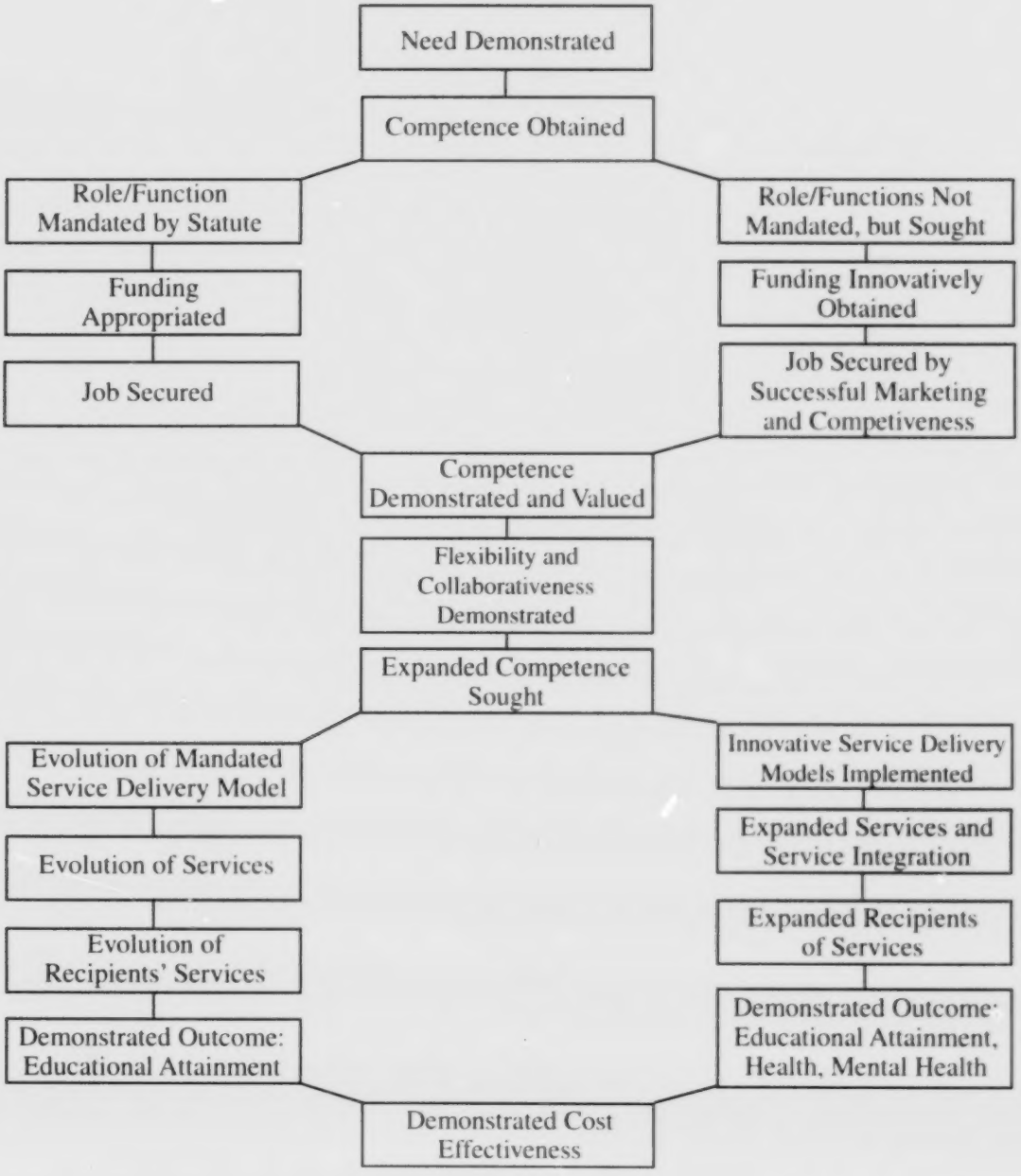
Demonstrating improved outcomes is extremely important in new and emerging models that compete for pieces of the small funding pie. Outcomes such as increased educational attainment, decreased school violence, enhanced physical health, and enhanced mental health would be likely targets for evaluation. Being indispensable will be tied to demonstrable outcomes that have meaning in the local school and district. Psychologists with skills at program evaluation will be invaluable to this part of the effort. Lastly, as part of the evaluation, as discussed under Route 1, cost effectiveness for psychological services will have to be demonstrated to be indispensable, and often to maintain funding or attract new funding. Thus, the services provided need to be shown to make a difference at a reasonable cost.

Summary and Integration

This is an exciting and challenging time to position oneself to be indispensable in an ever changing world of mandated services that come with limited funding and innovative non-mandated services that compete and struggle for funding. I strongly believe that psychologists who are competent and can demonstrate their competence so they are valued locally, who are flexible and good collaborators, who continue to add to their competence, and who can demonstrate positive outcomes and cost effectiveness will be indispensable in either mandated service delivery models or new and emerging service delivery models—as indispensable as any of us can hope to be.

Figure 1

Psychologists in the Schools
Routes to Becoming Indispensable


Need Demonstrated
Competence Obtained
Role/Function Mandated by Statute
Funding Appropriated
Job Secured
Role/Functions Not Mandated, but Sought
Funding Innovatively Obtained
Job Secured by Successful Marketing and Competiveness
Competence Demonstrated and Valued
Flexibility and Collaborativeness Demonstrated
Expanded Competence Sought
Evolution of Mandated Service Delivery Model
Evolution of Services
Evolution of Recipients' Services
Demonstrated Outcome: Educational Attainment
Innovative Service Delivery Models Implemented
Expanded Services and Service Integration
Expanded Recipients of Services
Demonstrated Outcome: Educational Attainment, Health, Mental Health
Demonstrated Cost Effectiveness

Chapter Eighteen

Turning Imperfection into Perfection: Some Advice for Making Psychology Indispensable in the Schools

Frederic J. Medway

Once upon a time, a husband and wife who wanted for nothing, loved best among their riches a beautiful diamond which was beyond equal. One day they discovered that the diamond had met with an accident and sustained a deep scratch. They searched everywhere for a craftsman who could repair the scratch, yet none could be found. After some time, a simple artist who had heard of their dilemma promised that there was a way to return their diamond to its original beauty. Using superb skill, the artist engraved a lovely rosebud round the imperfection, and the scratch on the diamond became the stem of the rosebud.[1]

As in this story, there are many leaders in school psychology, especially those of my generation, who feel that the field in which they have invested so much and worked so hard to nurture has yet to fulfill its promise. The alarming fact is that, despite the field's growth, development, and maturity, in many ways, the typical psychologist in the schools is little better off than a quarter century ago. The role and function studies continue to echo the same message: school psychologists do too much testing, diagnosing, classifying, and work with special education populations and not enough consultation, systems change, child advocacy, and service to all children (Reschly & Ysseldyke, 1995). More alarmingly, it is not that these latter services are viewed as unnecessary. Rather, in schools across the county, these functions have been taken over by those without adequate backgrounds in normal psychological theory and child development and by those with little exposure to the school as a unique social system.

The problems, however, run far deeper than our unfortunate transformation from the applied psychology visions of Witmer and Gesell to the gatekeepers of special education services. Salaries reflect those of classroom teachers much more than senior administrators with comparable degrees. Those who stay in the profession are highly subject to dissatisfaction at best and burnout at worst. As a consequence, compared to many other fields such as business, medicine, engineering, and clinical psychology; graduate school applications are modest compared to the enormous popularity of the undergraduate psychology major. Males and minorities are diminishing in representation, choosing more lucrative and higher status careers than education.

Similar points have been made in the literature before, although they still bear repeating. A recent survey of University of South Carolina (USC) doctoral and specialist school psychology graduates adds some further sobering thoughts. Many who graduated from our APA accredited during its 30 year existence have not maintained

APA or NASP memberships, do not subscribe to journals not included as part of their association memberships, do not do any research, and are not active in their communities by serving on boards or providing volunteer services.

The very nature of the title of this volume, *Making Psychology in the Schools Indispensable*, underscores the fact that, as school psychology marks its centennial, there is some question regarding the perceived value and need for our services. This paper argues that we have ignored a number of simple principles which might increase our indispensability, and have mislead ourselves into believing that the value of having psychologists in the schools would be apparent to any reasonable citizen.

Presently school psychology positions rest primarily on the shaky bedrock of financial and legislative considerations rather than perceived need. Psychologist-pupil ratios depend on school finances and the need to be in compliance with state and federal laws. Accordingly, if financial exigencies emerge or laws change, school psychologists' positions are threatened. With jobs tied to legislation, we risk that when we advocate for the maintenance or expansion of these laws we may be seen by outsiders as self-serving rather than impartially committed to these principles. We share this in common with lawyers who argue against limits to civil damage awards in auto accident cases. The public cannot convincingly make an attribution that school psychology is truly committed to children when an alternative cause, financial gain, is present.

To be indispensable is to be necessary, needed, and not easily neglected or set aside. One might argue that, unlike some professions, there is absolutely nothing that school psychologists do that is perceived as indispensable in and of itself. Some of this may be attributed to the public's lack of confidence in public education, in general, to address society's ills. Even in a pro-education climate, the dilemma for school psychology is that it does not exclusively control any resources which the public absolutely needs. All of our services can and are provided by others, including different types of psychologists, counselors, mental health workers, and clergy. That is not to say that we cannot provide these services better. There is just no objective evidence that we can, nor is the public likely to believe the evidence if it only comes from us. By contrast, for example, the medical establishment controls the most effective, life-saving medicines and surgical procedures. The only thing we exclusively control is our title and that, in itself, is simply not enough to make us indispensable.

The task we are faced with then is how to turn the current imperfections of our field into desired perfections, knowing full well that many of these imperfections will not completely disappear. Rather, potential liabilities can become, with careful analysis, like our scratched diamond, potential strengths.

In the absence of resource control then, how do we convince the public that certain psychological services are indispensable? Rather than assume that the public will recognize the necessity of these services we should start assuming that they will not; consequently, we must proactively convince them of the value of these services and solicit them as allies advocating for the profession. It is important for us to identify those predisposed to be our allies, let them know what we are doing, and seek their support. Just as many citizens demand safe school buses, uncrowded classrooms, music appreciation, and internet access so too must there be a support base for psychological services in the schools for all children, not just the exceptional ones.

To accomplish this, it will be absolutely necessary to start effectively marketing what we do and how well we do it. Although a potentially daunting task, we can learn much from the corporate sector. It was not that long ago that names like Nike, Fuji, Sony, Wal-Mart, Snapple,

Sprint, and others were unknown, and Keds, Motorola, and Sears were virtual monopolies.

Following marketing strategies then, the indispensability of psychologists in schools, can be enhanced by taking on two challenges. The first challenge is to convince the public that our product(s) are of value relative to the cost, particularly relative to the cost of not having the services such as school-based services to prevent crime and substance abuse. The second challenge is to convince the public that we should be the exclusive "distributor" of these services as compared to another profession. The key is to start to take control of our own destiny and not allow it to be subject to outside forces such as the political winds. We have been too slow in seeking our own "empowerment" and "self efficacy." This article offers four key recommendations relative to these challenges.

Recommendation One: The "Downsizing" of School Psychology

If you asked 100 people what the Coca-Cola company produces, most would say "Coke" or one of the diet coke products. A fewer number would say "Sprite." Very few would probably say "Minute Maid Orange Juice" even though this is one of the company's staples. In any event people have a vision of the company. Now, if you asked 100 school psychologists to define the field or tell what they do you would get 100 answers varying to a greater or lesser degree, and, in fact there is no widely accepted definition (Reynolds, Gutkin, Elliott, & Witt, 1984). The fact is that because school psychologists have been unable, unwilling, or uninterested in offering a standard description of the field, the public, by and large, is unable to say what a school psychologist does or to give a definition that doesn't rankle someone in our field.

One may wonder if part of the problem in discipline definition is that the field, as currently practiced, incorporates too much. Both the Handbook of School Psychology (Reynolds & Gutkin, 1987) and Best Practices in School Psychology (Thomas & Grimes, 1995) each are well over 1000 pages long and offer myriad roles for psychologists in schools. The prevailing training zeitgeist has been for students to choose the role which best fits their interest within the constraints of their academic setting. Role and function differ widely across states, localities, schools, and individuals.

This lack of definition and diffusion leads one to raise a new and radical notion, namely the question of whether school psychology should be downsized to make it more focused and narrow to reflect the most needed (not necessarily requested) services. Although one might argue that the present assessment emphasis already is too narrowly focused, the present recommendation would involve generating a consensus among trainers, practitioners, and the public as to what types of services are most indispensable to child welfare. If special education mandates were to disappear, what types of services would the public and field demand? Before one can address how to make psychological services indispensable, one must describe indispensable services. To this writer's knowledge this has yet to be done on any scale. In fact, just the sheer act of such polling will serve to make the available services salient. Such an approach also partially solve an enduring frustration of school psychology faculty, namely, how to fit so much into the little time available in a students' program. In short, it may be necessary for school psychology to define its share of the mental health market and spin off domains in which it is unable to provide comprehensive training.

Recommendation Two: The Sensible "Evaluation" of School Psychology

Psychology, as a Science, is continually developing its products, be that test refinement, intervention improvement, or the improvement of service delivery. Typically, this product

development appears in professional journals which are not even thoroughly read by most subscribers. Not surprisingly those who actually deliver services derive little help from these journals, most of which only survive because of institutional subscriptions.

This second recommendation is a call for psychology to look at the general effectiveness of our "products and services" and ask if they work. We already have a modest history of this already in our literature reviews and summaries. Several studies have used meta-analysis to examine the impact of class size, grade retention, teacher expectations, and consultation, to name a few, on various indices. Meta-analysis, by combining data across studies, speaks to the types of questions that consumers want to know. To illustrate, meta-analysis shows that participants in parent education groups improve more than 60% compared to nonparticipants (Medway, 1989). Such data is valuable in demonstrating to the public in understandable ways that psychological services have an impact.

Not only will school psychology need to do more of this generic consumer-based evaluation and develop a pool of successful case studies, but it will be incumbent on the field to communicate these results to consumers in easily available and consumable forms. The NASP handouts of "Resources for Educators, Parents and Students" appearing in each Communique are an excellent example of this. Priority also should be given to the development of CD-ROMs which could be housed in school libraries which (a) describe the psychological services available, (b) indicate the effectiveness of various approaches, and (c) indicate effectiveness moderators.

Recommendation Three:
Blitz "School Psychology"

It is well known to all of us that the more one hears or sees a stimulus the better it is remembered. Successful products have jingles, logos, mottoes, renowned spokespersons, etc. which strengthen the bond between the stimulus (product perception) and response (product valuation). The infamous "payola" scandals associated with 1950s Rock and Roll disk-jockeys were due to the fact that if record producers could just get stations to play their songs (almost irrespective of the tune and lyrics) sales would go up. Unfortunately, citizen's today rarely hear the school psychology tune unless they are a parent of a handicapped child.

Accordingly, in order to make psychology indispensable in the schools one must make people aware that school psychology exists, and do so before they need these services so that those provided are not exclusively remedial and problem-focused. Everyday citizens are not the only ones unfamiliar with school psychology. Discouraging is the number of prospective graduate student applicants who tell us they did not learn about school psychology as a profession until late in their college careers.

School psychology can and should take an important lesson from the business sector in increasing the public's awareness of school psychology (independent of the issue of exactly what services psychologists provide). To this end all psychologists in schools need to be concerned with promoting school psychology, building a positive image for psychologists who work in schools, and actively doing public outreach. Psychologists have paid a price (as have teachers) by staying confined within the school walls and assuming that their services would be known and valued. Because actual services reach only a small number of families in a given school it is very important that the total school and community be educated about the availability of school-based psychological services. If psychological services are threatened with elimination one cannot rely solely on the families of exceptional children to support service reinstatement. At all school levels psychologists must be visible, approachable, and

accessible. This includes teaching in psychology classes in high schools and serving as student mentors, and the development of units and lectures on "school psychology" for relevant undergraduate classes. Finally, priority should be placed, at local and national levels, on developing media contacts and media referrals so that psychological interventions in schools come to public attention by way of the print and visual media. And, psychologists should always identify themselves as experts who work in the schools.

Recommendation Four:
The "Personal Touch"

Business and sales personnel, and psychologists in private practice, have long recognized the value of networking and the development of community contacts. These community contacts take a variety of forms and include (a) civic and service clubs such as Rotary, Kiwanis, and Lions clubs; (b) commerce-related organizations such as local Chambers of Commerce, Better Business Bureaus, and Junior Achievement; (c) art, music, and cultural associations; (d) community service organizations such as United Way, Red Cross, Boy and Girl Scouts, and Special Olympics; (e) membership in religious congregations and social clubs; and (f) various volunteer activities such as Big Brother and Big Sister, Habitat for Humanity, and Common Cause. Still others are involved with various political organizations as candidates, active supporters, and polling place managers. In South Carolina, for example, the state school psychology association participates in the educational television fund-raiser, school psychology graduate students collect school supplies for homeless shelters and work with the local rape prevention center, and school psychology faculty have played key roles in the campaigns of politicians for U. S. Senator and state superintendent of education.

The benefits of community involvement as a vehicle for enhancing the public's perception of the necessity of school psychology practitioners are numerous. The psychological literature strongly shows that having contact with diverse others and working with them on cooperative teams is a key vehicle for increasing others' knowledge and liking. Too often, however, educators tend to interact with similar professionals and disregard the benefits, both personally and professionally, of interactions with others in different lines of work who too are concerned with serving their communities and addressing social problems. For example, Rotary International, a worldwide organization of more than 1.2 million businesspersons and a major provider of scholarships for special education teachers, has local task forces which address substance abuse, literacy, and hunger, just to name a few. This is an organization which actively seeks professionals in all occupations and does more than just "meet and eat." In Hilton Head Island, South Carolina, local Rotarians developed a program which involves local businesspersons serving as reading tutors to disadvantaged children. This program now has been adopted on a national scale. By joining groups such as Rotary and others listed above psychologists who work in schools can contribute needed expertise and directly show community leaders that they have indispensable skills to contribute and that school psychologists are the best trained to deliver these services.

In conclusion, in answering the question of how to make psychological services indispensable in schools, the perspective adopted is to change the general public's perception of the value of these services. This includes not only those who have family members in schools but others who have no personal reason to support educational or mental health initiatives. This will be important increasingly as the population of the United States ages and communities struggle to convince taxpayers to support these services. Four recommendations, owing much to the marketing

literature, were offered. These include the necessity of school psychology developing a market share of the mental health field and coming to grips with the current role and function diffusion; of continually evaluating its products, effectively communicating these evaluations to consumers, and of not assuming that the benefits of these services are obvious; of telling people who we are and what we do, and doing it so that the message sticks; and by taking active parts in the ongoing efforts to solve community problems alongside those we need to support us so that like-minded people in diverse occupations can see first-hand that psychology in the schools has an indispensable place. Such recommendations rarely have appeared in our literature although, to this writer's thinking, they make sense and are long overdue. As the opening story illustrates, sometime dilemmas and imperfections can be solved with simple, yet creative, answers.

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Footnote

[1]Based on a story by Barbara Drossin and Sarah Sager.

Role-Focused Perspectives on Indispensability

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Chapter Nineteen

Advancing Knowledge in Schools Through Consultative Knowledge Linking

Thomas R. Kratochwill

Consultation services have been considered an essential and important role for school psychologists throughout the history of the field. Traditionally, consultation service delivery has been cast as a problem-solving process. Our model of behavioral consultation and associated problem-solving process illustrate this typical focus in the delivery of school-based services (Bergan & Kratochwill, 1990). Nevertheless, consultation can be thought of as a knowledge-linking process in which psychologists advance knowledge in schools to various mediators who provide instruction, education, socialization, and services to children and families.

Consultants can engage in several linking functions and engage in activities that facilitate consultation knowledge linking roles. Because consultation is an interpersonal form of service delivery where social influence processes and face-to-face communication are central, the influence on socialization agents is potentially extensive and potent. Several features of consultation make it indispensable in schools and schooling within this context. To begin with, since consultation is an oralcommunication process it allows relatively rapid communication of information to potentially large numbers of individuals. Consultants are in a position to serve as a knowledge linking tool between the empirical scientific knowledge base developed in scientific psychology and education. In this regard, knowledge linking requires cutting edge information from both psychology and education and responsibility for monitoring the extensive knowledge base that exists in our field.

Consultation as a knowledge linking tool can also facilitate broad scale information dissemination through so-called "word of mouth" mechanisms. Dissemination of scientific information through electronic media, workshops, or distant education formats within and across school districts allow many individuals access to information that is often under-utilized in school settings. Fortunately, consultants have many new and quality electronic tools such as the internet to facilitate the retrieval and dissemination of information available.

Third, consultation knowledge linking involves a mechanism to provide consultee/mediators with research generated knowledge. Traditional mechanisms for administrators, teachers, and parents to acquire information is often through publications or communications that involve considerable sophisticated methodology and technical jargon. An important role of the consultant is to provide information that can be disseminated to many and diverse audiences in a way that maximizes utilization of the information

for services to children and families.

Finally, consultation can facilitate knowledge linking through a negotiated personal interaction with consultees. Such an interaction can be that of expert or collaborator. In this regard, the consultee is not a passive recipient of technical information. Individuals in socialization roles provide unique issues which require the consultant to tailor make information while being sensitive to cultural, linguistic, economic, social, and ecological factors. The role of the consultant in this activity is indispensable to high quality services in schools.

Example Content Areas for Consultive Knowledge Linking

Psychologists working in schools have numerous areas in which they can provide consultive knowledge linking functions. These areas include: diagnosis/assessment, prevention programs, treatment programs, and serving in a scientist-practitioner role. Each of these areas is described in brief along with illustrations of areas that consultants can provide information.

Diagnosis/Assessment. Assessments and diagnostic problem solving continue to be important and rather intensive roles for psychologists in schools. Most schools and most school psychologists consider assessment to be indispensable. Increasingly, however, psychologists have been asked to engage in diagnostic problem solving and assessment that yields important information for the design, implementation, and monitoring of intervention programs. Traditional psychometric criteria such as reliability and validity are being reevaluated and consideration is being given to a new and broader range of measurement criteria to apply to our diagnosis and assessment tactics. For example, construct validity has taken on new meaning and the concept of the treatment utility of assessment has been introduced. Advances in measurement paradigms should not only prompt us to use them in our research and practice, but also to reconsider older more established systems of assessment that have been discarded in favor of new paradigms.

In recent years several systems of diagnostic problem solving have emerged which are critical to apply in schools in light of new information and consideration of emerging measurement technology (see Kratochwill & McGivern, 1996, for an overview). For example, psychologists increasingly can use the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) to identify a wide range of child and adolescent disorders. Estimates are that between 17 and 20 million children are experiencing major mental health problems in this country and many experience these problems in schools and as related to schooling. The DSM provides an organizational framework for problem solving and can prompt assessment activities to allow children access to mental health services in school and community settings. More importantly, the DSM may provide leads to treatments that are presented in the scientific literature and organized around its criteria.

Major advances have also occurred in several specific areas of assessment. One area is selected here for purposes of illustration. Major advances have occurred in functional assessment (analysis) of behavior. Behavior can be analyzed in terms of its topographical features (such as in the DSM), but engaging in an assessment that examines the functions of behavior often provides important leads for the design of effective treatment programs. Functional assessment can be used to evaluate a wide range of academic and behavioral problems that children experience and create many opportunities for a refined diagnostic process in understanding and treatment of academic and behavioral disorders.

Prevention Programming. Increasingly, psychologists have emphasized the need for prevention programming. Many prevention programs are implemented in schools and school

psychologists are indispensable in developing, implementing, and monitoring effective prevention programs in school and school-linked areas. An important knowledge linking activity for school psychologists is to convey to schools the importance of spending resources on prevention programs. With growing numbers of children in need of psychological services and with the growing demand for limited resources, prevention can be presented as a viable option to reactive services driven by a problem solving process. The important issue is that knowledge has accumulated that attests to the strong impact that prevention programs can have in school and community-linked settings (e.g., Durlack, 1995).

As examples, psychologists have developed prereferral intervention programs that facilitate implementing interventions in the regular classroom. These programs may involve mainstreaming children who traditionally would have developed disabilities and would have been placed in special education settings. Psychologists also can implement programs that are likely to prevent classroom management difficulties for children at-risk or children experiencing major academic and behavioral problems. These programs, referred to as proactive classroom management, can be developed and put into place to reduce the emphasis on more traditional treatment programs or the use of reactive tactics.

Empirically-Based Treatment Programs. School psychologists have at their disposal a tremendous amount of information pertaining to empirically-based intervention programs. For example, psychologists have relied on meta-analysis or summaries of meta-analysis (e.g., Lipsley & Wilson, 1993) to guide their selection of intervention programs that are likely to have considerable benefit for children and families. Major advances have been made in this knowledge domain and an important knowledge linking activity for psychologists is to select and disseminate this kind of information to consumers of psychological services.

Psychologists also have at their disposal a growing body of literature that provides important information on empirically-based treatments using the criteria provided by the Task Force on Promotion and Dissemination of Psychological Procedures (1995). A variety of interventions are now available to select for specific disorders or problems that individuals are likely to confront in schools. This information provides a critical knowledge base for psychologists who work in schools since knowledge linking activities and functions can be directly used where there is both common scientific standards and consensus pertaining to efficacy. In this regard, psychologists maximize their probability providing effective treatment to children, youth and families. Such a knowledge linking activity is indispensable for quality services.

Scientist-Practitioner. The knowledge linking approach to consultive service delivery embraces the traditional scientist-practitioner model. Clearly, an important role for scientist-practitioner consultive knowledge linking is the design and evaluation of applied programs whether they be diagnostic/assessment, preventative, or treatment oriented. Evaluation of quality treatments can be an important function to use in formative or summative decision making on either applied academic or social programs developed in schools. In this regard, psychologists functioning in the schools may provide an important role in the policy making area.

At the individual case level psychologists can also help in the problem solving process through making decisions on the efficacy of interventions that are being implemented. This scientist-practitioner model has traditionally been critical to the field and is perhaps still under-utilized as a knowledge linking activity (Barlow, Hayes, & Nelson, 1984). It is implied in the scientist-practitioner model that quality diagnostic/assessment, prevention, and treatment program

approaches will be selected. Equally important in the process of functioning as a scientist-practitioner consultive knowledge linker is providing information to consumers on *ineffective strategies or strategies not yet supportable.* For example, currently there is a wide scale interest in the psychological profession in embracing drug interventions for a variety of child and adolescent disorders. Yet, few empirical studies attest to the efficacy of drug treatment in a wide range of childhood disorders, of course with notable exceptions (Hayes & Heiby, 1996). An important scientific perspective is educating consumers and socialization agents in the efficacy of drugs and influencing policy and decision making pertaining to the selection of these interventions for treatment of a wide range of child and youth difficulties.

Similarly, as innovations in psychological and educational technology emerge, a critical perspective on the application of these procedures is indispensable in the role. One example of this role is in the area of facilitative communication, a tactic which many educational institutions and individual programs have embraced as an option for services to individuals with severe developmental disabilities such as autism. Knowledge of the empirical literature in this area would argue for alternatives for programming for these individuals (Jackson, Mulick, & Schwartz, 1995).

Summary and Conclusions

In this paper I have argued that knowledge in schools can be advanced through consultive knowledge linking functions. School psychologist consultants trained and educated as scientist-practitioners have a wide range of functions and mechanisms that facilitate knowledgelinking in schools. These knowledge linking activities are indispensable to schools and to individuals who are involved in socialization of our children in school and community settings. School psychologists provide a unique opportunity to develop effective diagnostic/assessment, prevention, treatment, and evaluation schemes to improve the quality of children and families' lives in educational settings.

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Chapter Twenty

Assessing Learning of All Students: Becoming an Essential Service Provider Once Again

Stephen N. Elliot

Volumes have been written about psychology and schooling and thousands of professionals apply psychological knowledge and science in America's schools daily. In addition, the vast majority of America's primary educators have taken courses in educational psychology, human development, or learning psychology; consequently, most teachers have been exposed to summaries of psychological research in domains such as motivation, cognition, problem solving, social relationships, emotional development, individual differences, interpersonal communications, and measurement of human performance. As a result, virtually every educator espouses a model of human learning that has evolved from or has been influenced by the research of psychologists!

Psychology is alive in schools today, and although somewhat invisible at times to many educational stakeholders, it has long been intertwined in the delivery of effective instruction for all students. It seems that psychological knowledge has and will continue to hold an indispensable place in American education. The question of importance in this chapter is whether psychology's most visible and direct manifestation in schools, school psychologists, can elevate their status from one of "helper" to "leader" and become equally indispensable. In theory, school psychologists have the opportunity to impact the education of all students, and they do so in some schools. Unfortunately, however, not in enough schools. In practice, most school psychologists work with a subset of students—those at the margins—and their teachers and parents. Their efforts are designed to enhance students' educational progress and to facilitate the instructional process for teachers and parents. In most cases, psychologists' contributions have involved assessing and "diagnosing" a student's problem and planning educational solutions to either correct or compensate for difficulties a student encounters in learning and behaving in a school environment. In this capacity, school psychologists are "helpers" to thousands of students and teachers who truly need the assistance to succeed.

The role of helper is an important role for psychologists in most school systems and is, in effect, supported by federal and state legislation concerning services for students with disabilities. Many school psychologists who are effective helpers feel secure and satisfied in this role. They shouldn't, however, because helping the at-risk, the disabled, and occasionally gifted students unfortunately isn't enough to be perceived as indispensable. If school psychologists want to be indispensable, they must be more than helpers.

They must become leaders in command of a program, an issue, or a problem that affects a large number of people in schools. Examples of issues or problems that affect virtually all educators and students are the assessment of learning or performance, the development of understanding and respect for individual differences, and the capacity to motivate and regulate one's own work efforts. These three examples are pervasive issues in schools, as well as in businesses, factories, and our government, and they impact the lives of students with disabilities, special educators, and virtually everyone else in schools! Psychologists have studied these problems and have much to say to educators and parents about them. In addition, school psychologists routinely address parts of these problems in the assessment and intervention of students with disabilities. And yet, it seems like very few school psychologists have assumed school-wide leadership roles that focus on such broad, central issues. Why? Time, training, "permission," and their affiliation with special education are probably four of the most frequent reasons practicing school psychologists would give for not assuming leadership of efforts to address these pervasive challenges in the education of all children.

From the three examples of systemic challenges identified above, I believe that most school psychologists are already equipped with the fundamental knowledge to take leadership roles in the *assessment of students' learning and performance*. American educators like never before are looking to the assessment of students' learning and performance as the leading edge of instructional and curricular reform (Linn, 1993; Wiggins, 1993). Calls are frequent and loud in most states and at the national level for higher academic standards, for more accountability in documenting students' application of knowledge and skills, and for greater alignment between what is taught and what gets tested. These standards-based reform (SBR) activities in education are purportedly for all students (c.f. Goals 2000, National Council of Teachers of Mathematics' Math Standards). Concurrently, with these activities we are seeing increasing adoption of inclusive educational efforts for students with disabilities. With SBR and inclusion come issues of standards, equity, individualized education programs, and accountability for *all* students. Educational leaders, teachers, and many parents are rightfully concerned about monitoring students' academic progress and accomplishment of tangible outcomes. The existing assessment technology found in most schools is inadequate for measuring academic progress and accomplishments on local or statewide learning outcomes. The existing assessment literacy of most educators is poor and hinders the use and advancement of assessment practices that are capable of measuring all students' application of knowledge and skills relevant to learning outcomes valued by society.

School psychologists are often the most knowledgeable and skilled assessment personnel in the schools, yet in my experience with schools engaged in reforming their assessment and instruction practices, school psychologists rarely are seen or heard. They are apparently too busy doing diagnostic assessments of students and/or are not viewed by the educational leaders in their schools as knowledgeable of large-scale educational assessment for accountability purposes. In some cases, the educational leaders are correct. Many school psychologists have not received training in large-scale achievement testing, nor have they been exposed to much program evaluation in their graduate training programs. As a profession, however, school psychology has a long standing interest in "alternative" assessments that are sensitive to instructional curricula and to functional outcomes. For example, school psychologists have been actively involved in research on and application of curriculum-based measurement (Shapiro &

Derr, 1990; Shinn, 1989), adaptive behavior or life skills assessment (Witt, Elliott, Kramer, & Gresham, 1994), and observational and behavior assessment (Kratochwill & Sheridan, 1990). The assessment concepts and tactics which are fundamental to these types of assessment are many of the same concepts and tactics being highlighted in the development of performance and portfolio assessments (Elliott, 1991).

Based on the paucity of coverage of performance and portfolio assessment and learning outcome standards in the school psychology journals, coupled with my observations that few school psychologists are actively involved in large-scale assessments in states where standards-based reforms are advancing, it appears that school psychologists are missing many opportunities to provide leadership on important assessment issues that impact *all* students. There are many pathways to leadership in the evolving educational assessment scene. Perhaps, first and foremost is the need that teachers have for continuing professional development with assessment. Teachers' knowledge about technical issues, such as reliability and validity, is poor. Their knowledge of test interpretation and use of test results also is limited. With regard to some of the emerging alternative forms of assessment, many teachers lack the knowledge to develop good scoring criteria and have limited experience in interpreting and communicating the results of criterion-referenced assessments.

Another avenue for leadership is the development and valid use of testing accommodations for students. Testing accommodation guidelines vary across states, although most states refer evaluators to a student's Individual Education Program (IEP) as the source for information about testing accommodations. School psychologists can take leadership in the development of IEPs to ensure they include information on accommodations that a student will need to fully participate in a large-scale assessment. In addition, data is needed about the affect of accommodations on the test performance of students.

A third area within educational assessment where school psychologists can assume leadership concerns communication. I like to say that "Assessment is communication!" meaning that the reason we do assessment, any kind of assessment, ultimately is to communicate. Because we often have to communicate with many people (e.g., teachers, parents, administrators, other pupil personnel, and the student himself/herself), it requires excellent communication skills and a command of fundamental assessment concepts and knowledge of academic subject matter.

School psychologists can provide much needed leadership in educational assessment by facilitating communication among the many educational stakeholders currently interested in assessment. Many of the communications will be with groups who do not agree about the "best" way to assess learning. Some of the participants in these discussions will question the inclusion of students with disabilities in accountability assessments. Others will not understand the differences between norm-referenced assessments and criterion-referenced ones or the importance of repeated measurements of students' performances. Most school psychologists have the skills to address these educational assessment concerns and to provide leadership in the way schools assess students' learning.

Summary

The knowledge and skills of school psychologists are needed in the current efforts to reform educational assessments. School psychologists have a long and productive history as assessment experts with students with disabilities; their teaming with special educators in the 1970s led to the advancement of educational services for many students who experience learning difficulties. School psychologists have

listened to, learned about, and helped thousands of students at the margins. To advance the profession and to increase the likelihood that psychology is viewed as an indispensable part of education once again, school psychologists are encouraged to assume leadership in the assessment of all students.

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Chapter Twenty-One

Expertise Makes Psychology in the Schools Indispensable

Jack A. Naglieri

What makes psychologists and psychology indispensable in the schools? Skills that they have which others do not. To be indispensable, any professional who works within the school environment must have expertise that others do not have. In the case of psychologists in the schools, they must be able to uncover, use, and communicate essential and necessary information about students which facilitates academic and personal growth either directly or indirectly and that can not be obtained from others in the school system. Their base of knowledge as well as interpersonal skills must be unique in that setting. What follows are a few major areas in which psychologists can demonstrate their uniqueness. This list is not meant to be exhaustive, but rather to present my view of some of the most salient dimensions.

Assessment of Intelligence or Cognitive Abilities

Psychologists, unlike any other educational personnel, have considerable training and expertise in psychometrically sound methods for evaluation of children's intelligence or cognitive abilities. This includes both administration and interpretation of IQ and other ability tests as well as examination of their relation to measures of, for example, motor skills, perception, achievement, and so forth. Of special importance, is the psychologist's knowledge of the relationships between these variables and the child's academic performance both in the class and on measures of achievement.

Psychologists are also uniquely qualified to relate this information to diagnostic decisions to ensure appropriate instruction (e.g., mental retardation, learning disabilities, giftedness, attention deficit disorder). The psychologist's knowledge and skill of differential diagnosis makes a unique contribution in the educational setting. They also apply their knowledge and skills when evaluating the effects of, for example, traumatic brain injury, poor school history, emotional status, and family instability on a child.

The information psychologists obtain from intelligence or cognitive tests along with other sources of data (achievement test results, classroom performance, group tests, etc.) becomes even more useful when the results are translated into meaningful educational recommendations. This requires the knowledge and integration of intelligence test results and effective interventions in a manner that will assist the teacher in making instructional modifications that are consistent with the cognitive and academic needs of the child.

Assessment of Personality or Social-Emotional Functioning

Psychologists are uniquely qualified to evaluate and provide information about the psychological aspects of a student and to address their mental health needs either directly or indirectly (for example, consultation with teachers or referral to other professionals). Psychologists provide this service through the assessment of psychological or social-emotional functioning to determine when a serious emotional disturbance (using the federal definition) or mental disorder (using the *Diagnostic and Statistical Manual of Mental Disorders-IV,* for example) is present.

This knowledge makes a unique contribution in the educational setting especially because it provides teachers and school staff with additional insight into the relationships between the child's behavior and emotional issues. In addition to differential diagnosis and identification of serious emotional disturbance, psychologists make important contributions in evaluation of the effectiveness of treatments applied to address these issues.

Science, Psychology, and Education

Psychologists are uniquely qualified to facilitate a psychologically oriented educational atmosphere (Anderson et al., 1995) that has a scientific perspective when dealing with children's educational problems. While this may involve many dimensions of the child (cognitive, emotional, behavioral, sociological, academic, etc.), it also includes the psychologist's use of their consultation skills to assist the teacher's utilization of skills needed to successfully perform the complex task of teaching. A scientific, data-driven approach to selection of appropriate educational or psychological interventions is provided by psychologists as is a careful and impartial evaluation of the effectiveness of educational interventions.

In order to achieve the goal of facilitating effective learning environments, the psychologist brings a thorough scientific knowledge of the cognitive characteristics of children (e.g., Das, Naglieri, & Kirby, 1994), psychological and emotional dimensions and treatments, educational environments (e.g., De Corte, 1995), and educational techniques (e.g., Pressley & Woloshyn, 1995) that can be relevant. The scientific perspective gives the psychologist a unique view of educational problems and solutions. When combined with rigorous methods of evaluating students and changes in their performance, this perspective is needed and valuable to ensure appropriate and effective education of children.

Postscript

Fagan and Wise (1994) state that if our role in the schools does not involve "traditional assessment or any psychological services," then the need for these professionals will be dramatically reduced. I agree with this perspective because assessment of intellectual and psychological status is an area of expertise that is unique. Moreover, I strongly argue that psychologists in the schools must do more than just assess, because assessment is only the first step in solving the problems faced by children who are experiencing educational failure. The role of the psychologist in the school must be varied but at the same time offer the unique knowledge and skills which I have discussed here. As the profession continues to evolve to meet changes in the educational system, psychologists will be well advised to carefully consider their unique contributions in contrast to those that could also be made by other professionals.

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Chapter Twenty-Two

Fantasy, Reality, Necessity, and the Indispensable School Psychologist

Judith L. Alpert & Lynn Rigney

School psychology is an integral member of two broad fields: psychology and education. Both fields are in transition. Health care reform and education reform are ongoing. As change occurs, tension, reactions, and opportunities arise for health care, for education, and for the field of school psychology.

Over a decade ago, the first author offered her fantasy of the future of the field of school psychology (Alpert, 1985). It was a utopian description. The fantasy involved an enlarged role and function for the psychologist working in the school. It involved the psychologist engaging with community problems and primary prevention in addition to the more traditional work of school psychologists. The fantasy of yesterday could become reality today. In fact, perhaps the fantastical role of yesterday is a necessary role for the school psychologist today. Both education and health care reform are consistent with the fantastical role. School psychologists can be critical in realizing better, safer, and more community involved and concerned schools.

At no time in our nation's history has there been a more challenging time to be an educator. Our society is experiencing dramatic changes in family patterns and an increase in multiculturalism and pluralism. Schools are serving more children of teenage parents and more students with special needs. Single parenthood is common. Drug abuse, child abuse, and child neglect are prevalent. Each of these concerns is occurring within the context of an increasingly violent society with seemingly fewer economic resources to meet them. These issues as well as many others are creating a vast and overwhelming *at-risk* constituency.

Similarly, at no time in our nation's history has there been a more challenging time to be a psychologist. It is a time of pruned services, managed care, and restricted benefits. Little psychological care is being provided. This is an era of cutbacks in many services, including hospital and outreach community services. Children who may previously have received attention from these settings may now be receiving little, if any. It is difficult to undo psychological and educational damage once it has passed a critical point. Further, such attempts at undoing are costly and time consuming. Psychologists in schools are in the compulsory public institution that reaches all of this nation's children. These reductions create a need for preventive and psycho-educational services.

A broader role for school psychologists, including preventive activity, is consistent with the contemporary reform movements. Such activities are harmonious with both the contemporary education reform initiatives and with health care

reform. Emphasis in the school-related portions of the enacted Health Security Act of 1994, for example, focused on health rather than mental health, prevention rather than treatment, social problems rather than education or psychological problems, and integrated communities rather than solely schools (Talley & Short, 1994). School psychologists can be critical in helping to focus on these issues.

Prevention is frequently divided into three types: primary, secondary, and tertiary. Typically, psychologists working in the schools focus on tertiary prevention and to a lesser extent on secondary prevention. In general, secondary prevention involves early treatment of disease while tertiary prevention involves attempts to minimize long-term effects. Primary prevention involves efforts to prevent dysfunction before its occurrence. Such efforts are targeted for a multitude of unknown people before the onset of disorder. Mass orientation, education, and preproblem state separate primary prevention from other types of prevention. Primary prevention in mental health and education in schools addresses many of the broader social ills that impair children from learning.

Within the professional fantasy (Alpert, 1985), the function of the school was defined as preparing its inhabitants to live within and to contribute to the community. Most schools, however, operate as a separate entity, and its inhabitants have relatively little opportunity to take from or to give to the social surroundings. In the utopian vision, the boundaries between the school and the community are fluid. The school is the center of activity for the entire community. School psychologists are instrumental in a process that restructures relationships between professionals and those they serve. They work to empower and foster contribution from community members, parents, teachers, and children.

School psychologists trained in mental health and organizational consultation have process skills as well as skills in collaboration and program development. They can help school staff and community members determine the needs of the community and school. Skilled in developing, implementing, and evaluating interventions, the psychologist can facilitate programs, develop networks, and serve as a resource across institutions to improve learning and mental health environments for children, families, and society.

The school psychologist's indispensable role within a school includes preventive activities that are responsive to the needs of contemporary society as well as the changes in services necessitated by health care and educational reform. In the futuristic school, theoretically and empirically-based activities would be planned and executed by school psychologists. The activities would emanate from three models of primary prevention: community, environmental, and individual (Alpert, 1985). Community primary prevention occurs in the interactions between school and community whereas environmental primary prevention takes place within the school and involves social system analysis and modification as well as person-environment fit. Individual primary prevention focuses on the fostering of individuals' skill and competence within the classroom.

Primary prevention should be part of the school psychologist's role. The following are a few examples illustrating primary prevention activity. Some of the programs described below are presently being implemented in schools across the country. While the prevention efficacy of most of these programs has not been demonstrated, they have face validity. Further, while most of the examples included in this paper involve violence, programs dealing with other concerns could and, in fact, should be developed in schools. Out of concern about the increasing violence in our society, we selected examples which are related to the prevention of violence.

Community Primary Prevention

The school can serve the child, the family, and the community. The well-being of every individual in society is important. Presently the school building is under-utilized during the week days, evenings, and weekends. The programs described here involve a greater utilization of the school building and school personnel. They serve broad populations as well.

Prevention programs are well suited for schools due to the schools' physical and psychological access to children and their families. The school psychologist can be the prime communicator within the school and between the school and the community. The school psychologist can be the consultant, developer and coordinator of the programs. The following are some examples of community primary prevention.

Parenting Training Programs. Historically there has been relatively little parental involvement in schools. Parents need a forum to meet with other parents and to discuss such important topics as normal child development, parenting skills, and discipline techniques. Such a program could be particularly helpful to disenfranchised populations in which isolation is a chronic problem. The effort here would be to promote good parenting. With more effective parenting skills, frustration and consequent child abuse should be minimized. The leader(s) of such parenting groups could be the school psychologist, other school personnel, or volunteers from the community. School psychologists could help to organize the program and to support the leader.

Child Respite Center. Parents may need to have time away from their young children who do not attend school. Also, parents may need a break from school-age children during nonschool hours. If schools could broaden their hours and functions, children could be brought to the school building by overwhelmed parents. Such a program could result in the prevention of child abuse.

The child welfare systems are dangerously overburdened. Prevention is indicated. The school must become a more integral part of the community. The school psychologist could develop, implement, and promote such a program as well as facilitate the coordination of other services for children and parents.

Environmental Primary Prevention

Environmental impact on individuals and sensitivity to the person-environment fit is indicated (Alpert, 1985). Presently some schools offer after-school programs. Other schools do not. Our contention is that many more prevention programs could be offered and would be cost effective. An environment can be altered or, alternatively, an individual's ability to deal with the environment can be enhanced. The examples below exemplify an environmental prevention approach.

Drop-out Prevention Programs in Junior and Senior High School. There are currently school programs which offer tutoring, counseling, or enrichment. Such programs can be conceptualized as preventive in that they may prevent school drop-out as well as education or mental health problems. Students who remain in schools longer and who have a positive experience in school, are more likely to continue their education. With more purpose and a greater potential for employment, they may also be less likely to engage in violent activity.

Adjustment to Environment Programs. There are numerous programs which could serve the function of helping children adjust to various environments. A child who needs minimal stimulation, for instance, could be taught techniques to *tune out* excess stimulation. Also, as another illustration, programs could assist children recently arriving from other cultures to adjust to our culture. School psychologists trained broadly in consultation have skills that enable them to develop, implement, evaluate, and consult around such programs and to engage with other

agencies and organizations.

Designing Environments. The school building can be altered in order to prevent or decrease the number of violent incidents. School psychologists can coordinate and organize safety team meetings in order to identify times of day and frequent locations where incidents occur. Student bathrooms, for instance, are often completely unsupervised and are a locale for fights and drug activities. The suggestion here is not to start a mini-police state within the school but, rather, to initiate discussion and awareness among school personnel to help prevent violence. A *buddy system* for younger children could be instituted, for instance, or random checks in the bathroom could be conducted by community volunteers trained in conflict resolution.

Individual Primary Prevention

Underlying individual primary prevention is the belief that individuals are vulnerable to maladjustment when they lack skills to solve personal problems and that the best defense is to help them build competencies and to develop adaptive strengths. Thus, individual primary prevention involves the teaching of skills to individuals, usually in groups, to facilitate adjustment. The school psychologist can be essential in developing and implementing skill and competence-fostering programs. The following are some examples of individual primary prevention programs.

Sexual Abuse Prevention Programs. There are numerous programs designed to educate children and adolescents around sexual abuse and date rape. These programs vary greatly and many are controversial. School psychologists should have the knowledge base and skill to consider the population, evaluate and modify existing programs, and develop a plan which meets the needs of a given group. School psychologists could also train school staff and parents to foster child/adolescent competence around these issues.

Enrichment Programs. Basic to enrichment programs is the belief that a variety of experience and the learning of skills will affect cognitive development and competence acquisition. Social problem-solving curriculum teach children and adolescents how to communicate feelings and needs in an appropriate, nonviolent way. Many of these programs provide for the opportunity to both learn and practice developing social skills.

Conclusion: Back to the Future

Over a decade ago, the first author described a futuristic school in which there was expansion of the role and function of school psychologists. Currently, this utopian futuristic fantasy has the potential to be realized. It is consistent with the ongoing reforms in education and health care. In addition to the more traditional activities of assessing and remediating educational, emotional, and behavioral problems, school psychologists can engage in primary prevention programs. They can be critical in the effort to establish better, safer and more community-involved schools.

In this brief chapter, we focused on violence as a means to illustrate the primary prevention role of school psychologists. Through the use of community, environmental, and individual primary prevention strategies, violence as well as other social concerns can be abated; individual and collective adjustment and learning can be facilitated. While the impending health care and educational reforms evoke uncertainty, they also lead to opportunity. There is presently an opportunity for psychologists in schools to expand their more traditional and already essential roles of secondary and tertiary prevention and to provide primary prevention in schools. Former fantasy can be present reality. In fact, it may be present necessity.

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Chapter Twenty-Three

Making Psychologists Indispensable in the Schools: School Psychologists as Specialists in Neurologic Problems

Elaine Clark

School psychologists have a long and successful history in making themselves indispensable in the schools by expanding their roles and their skills to meet the demands of an ever-changing clientele. As a consequence, the scope of practice for school psychology has developed to the point of being as immense as the number and diversity of clients served. There is no indication that there will be a reversal in this trend over the next several years; in fact, psychologists who work in the schools are likely to experience an increase in the demand for their services.

As the rates of survival of children with a wide spectrum of genetic and neurodevelopmental disorders and acquired injuries and disease affecting the central nervous system (CNS) increase, so will the number of children who require psychological services. Sadly, the sophisticated technology that helps to save these children's lives does not guarantee them a positive outcome. An alarming number of children who are impacted by CNS-related events such as extreme low birth weight, traumatic brain injury, infectious disease, and unexplained in-utero anomalies are left with permanent deficits (e.g., Anderson & Moore, 1995; Clark, in press; Miller et al., 1995). Although these deficits range from subtle delays to overt abnormalities, even milder deficits can negatively impact a child's chances of academic and social success. Left unrecognized, thus untreated, these children are at significant risk for learning and behavior problems.

Given the fact that discharge from hospital setting is often equated with a return to normalcy, and that so few children are referred for follow-up services, it is not surprising that parents do not seek assistance from professionals for such children. Research has shown that regardless of severity, the majority of children with neurologic insults are discharged from acute care hospitals directly to their homes without any community support or rehabilitation plans (Carney & Gerring, 1990). As a result of this, parents tend to expect their child to continue to improve on their own and eventually to return to "their old selves." Parents receive relatively little information from medical staff about what to expect in terms of the sequelae of their child's illness or injury. This is an even greater problem when these children are treated in general hospitals rather than children's hospitals. Given the lack of information and support, it is not surprising that so many children are sent back to school prematurely.

Given the amount of recovery that still takes place after returning to the classroom, the age at which many neurologic problems occur, and the

persistence of these children's problems, schools are a critical treatment site for children with neurologic conditions. In fact, the amount of hours that children spend at school makes schools the largest health care provider for children with neurologic impairments. Fortunately, the diversity of specialists employed by the schools and the school's structure puts them in an unparalleled position to provide services to these children. Although school psychologists are just one group of specialists employed by the schools who provide important services, they have a decided edge over other professional groups to work with these children. The emphasis that school psychologists place on collaborative problem solving and consultation, as well as practical classroom and home-based interventions, distinguishes them from other professionals. The severity and complexity of these children's problems often requires comprehensive services that include coordinating with various disciplines and agencies. Few professionals who work in the schools are trained as well as psychologists to take on this consultant role. Further, few professionals are trained as well in practical assessments and empirically validated interventions.

Psychologists who work in the schools also have the advantage of being in the position of observing multiple samples of behavior in multiple contexts. No health professional outside the school has the amount of contact with children, teachers, peers, and families as do psychologists working in the schools. Further, the ability of school psychologists to appreciate the complexity of children's problems and the complexity of their environments also puts them in an unparalleled position over professionals working outside the schools. School psychologists understand the day-to-day operations of the school and appreciate the limitations within which a school operates (e.g., financial and time constraints). This perspective is invaluable when setting up interventions for children who have serious and persistent learning and behavior problems as a result of their neurologic disorders or diseases. Knowing the environment allows psychologists to make recommendations that are reasonable, thus useful. School psychologists know first hand students' environments, and they also know the value of targeting these environments for intervention (e.g., setting up antecedent controls at school, providing supportive family interventions, and coordinating activities with community agencies). The shear amount of access that school psychologists have to children with a variety of neurologic conditions, as well as their peers, teachers, and families, gives them a decided advantage over professionals outside the school system. Although school psychologists typically do not have specialized training in neuropsychology, this type of training can be obtained. As a trainer, I would prefer to take on the task of teaching students about neurologic conditions and neuropsychological methods rather than teaching professionals a "perspective" on schools.

At the University of Utah, graduate students in the school psychology program are trained in neuropsychological methods and also obtain experience in the school environment. This enables the students to develop the school learning and socialization perspective that is so critical for work with children. Graduate students learn about a variety of neurologic conditions and medical conditions affecting the CNS, and learn methods to intervene on behalf of these children to improve their chances of academic and social success. Through cooperative efforts at the Utah State Office of Education, faculty at the university also provide inservice training opportunities for psychologists who are already practicing in the schools throughout the state. The University of Utah faculty are not alone in these efforts. Faculty at a number of universities across the country, including the University of Northern Colorado, University of Georgia, and Texas A&M, among others, have faculty and specialized tracks to

prepare school psychologists for the important role of working with children who have neurologic conditions. The rationale behind these programs is clear. School psychologists are in one of the best positions to acquire further competencies in neuropsychology. School psychologists have an excellent foundation in assessment and intervention, and they have already worked with the majority of children who are referred for neuropsychological services in the first place. A recent study of referral patterns for neuropsychological services in hospitals showed that 87% of the cases were (in order of frequency) for learning disability, traumatic brain injury, attention deficit-hyperactivity disorder, seizure disorder, psychiatric disorder, phenylketonuria, idiopathic mental retardation, brain tumor, leukemia, stroke, and encephalitis (Yeates, Ris, & Taylor, 1995).

School psychologists already have begun to acquire training in this area. Over the past several years, psychologists who practice in the schools have been attending various workshops and training seminars presented by a number of neuropsychological interest groups and university training programs across the country. The American Psychological Association's Division of School Psychology and the National Association of School Psychologists also have responded to the interest of their membership by sponsoring convention workshops on the topic and providing more space on their programs for symposia and professional paper presentations.

Perhaps, the efforts of practicing school psychologists to obtain training through workshops and college courses has been brought on in part by the relative lack of school psychology publications on this topic. At the present time, readers interested in neuropsychology and neurologic disorders of children must rely on textbooks or journals published outside the field of school psychology (e.g., *Journal of Learning Disabilities, Archives of Clinical Neuropsychology,* and *Child Neuropsychology).* Interestingly, two of the three chief editors of these journals, George Hynd and Cecil Reynolds, are school psychology trainers.

There have been a number of advances that have taken place simultaneously with school psychologists' increased interest in neurologic disorders and the field itself. First, there have been a number of new developments in testing. Particularly noteworthy are new tests to assess memory problems (e.g., Test of Memory and Learning and the children's version of the California Verbal Learning Test). Second, new methods are being investigated for managing the behavioral sequelae and social problems of these children, especially given reductions in funds to treat these children outside the school setting and fund programs to assist parents and families to deal with the sequelae of neurologic conditions. Third, the inclusion of traumatic brain injuries under the Individuals with Disabilities Education Act (IDEA) has provided the legislative mandate and financial support to fund programs for students with neurologic insults. Together, these changes have helped to expand the scope of neuropsychological practice in the schools.

Although the field of child neuropsychology is rapidly growing, it is still relatively small. Training programs and professional school psychology organizations, therefore, need to consider ways to increase school psychology's involvement in this area. As Talley and Short (1996) note, if psychologists who are practicing in the schools wish to remain in a position to impact the health and education of students and participate in school reform, they need to acquire further competencies. Gaining competencies in neurologic disorders and neuropsychological methods is one way to make ourselves indispensable in the schools by giving the schools something they currently think they have to go outside to get. If this does not work, however, perhaps, school psychologists may want to

consider joining the ranks of other educators and mental health specialists in becoming school administrators. Being in a position of deciding who is, and who is not, indispensable in the schools may not be a bad idea.

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Chapter Twenty-Four

Making Psychology in Schools Indispensable: Crisis Intervention for Fun and Profit

Loeb Aronin

One of the first steps in crisis intervention is to get everyone's attention, which is the reason for the title of this article. One of the first steps psychologists can take toward making themselves indispensable in the schools is to actively participate in the planning, implementation, and evaluation of crisis intervention teams.

Children and adults are increasingly being stressed by traumatic events that are so powerful that they disrupt the coping ability of individuals, and/or the community as a whole. The impact of an act of violence, drive-by shooting, civil unrest, fire, earthquake or other natural disasters, disrupts the emotional equilibrium of children and adults. Unless effective crisis intervention strategies are instituted, the educational process comes to a standstill.

Characteristically, these crisis situations temporarily disrupt the normal functioning of a school, significantly interfere with the ability of staff members and students to focus on learning, have the potential for physical and/or psychological injury to students and staff, and receive considerable attention from the community and media. The services needed to ameliorate these situations are not mandated, but are crucial to the continuance of the instructional program because they help to restore the equilibrium of a school or classroom. These critical services include consultation, triage, crisis counseling, training of school staffs, referrals to community agencies, and the implementation of a crisis intervention plan.

School psychologists need to play a key role at the district level in developing the very important policies and procedures that will assist schools with restoring equilibrium following a traumatic event and by being involved with the development and operation of district/school site crisis teams. Board of education members, administrators, and the community readily recognize that psychologists are an invaluable resource. They assist students, teachers, administrators, and parents with meeting the challenges of the multitude of crises that disrupt the educational process. For example, when a serious crisis occurs at a school within the Los Angeles Unified School District, the superintendent can assure the media and the community that a district crisis team of psychologists, counselors, and nurses will be at the school to deal with the tragedy.

Preparation for crises is a process, not an event. Information needs to be gathered from many sources, and then tailored to fit a particular community, district, or school. However, in our experience, there are a number of basics that need to be considered when developing crisis intervention or emergency plans. It is hoped that

the following information will provide food for thought, discussion, and action.

Background

School psychologists in the Los Angeles Unified School District have been *formally* involved in crisis intervention since 1984 when a sniper crouched on a roof top and opened fired on an elementary school yard, killing one child and injuring twelve others. After that crisis, District personnel realized that staff were ill-equipped to deal with the psychological problems of students, staff and parents that accompany such an incident.

Although school personnel have had to deal with many crisis situations in the past, it became evident that specific plans needed to be in place at each school so that personnel involved with crises are prepared to deal with a variety of crisis related issues. These include actions during the acute phase of the crisis, such as quickly moving students into a safe environment, communicating with bilingual students and their parents, releasing students to their parents, and helping teachers assist students at the onset of an incident. Additional interventions are called for in following days, including identification of resources administrators can tap to obtain the assistance of additional reliable personnel, identification of students who will need additional assistance, debriefing, and additional staff training.

As a result of the sniper incident, a District Crisis Committee, comprised of the directors of each of the support services, was formed and a plan emerged to train regional teams to respond when schools need additional support during a crisis. The regional teams were trained in the various aspects of crisis intervention, and in turn were charged with training school site teams. Psychological services personnel took the lead in these endeavors. Principals were advised to contact the Coordinator of Psychological Services for consultation regarding a crisis, or to request additional support personnel when warranted based on the magnitude of the crisis. Psychological services personnel developed a *Handbook for Crisis Intervention* (1994) to provide support services and school staffs with valuable information about crisis intervention.

How Can School Psychologists Help?

The training, skills, and experiences of school psychologists prepare them to assist school districts with the development and implementation of district-wide crisis intervention plans. Responsibilities of school psychologists should include the establishment and training of school site crisis teams, and the coordination of assistance from non-school site support services personnel when school site teams are overwhelmed by the magnitude of the crisis. School psychologists also need to take the lead in establishing broad based teams of nurses, school counselors, social workers, child welfare, and attendance workers.

In districts that have inadequate or nonexistent plans, school psychologists can provide an invaluable service by proposing the establishment of a District Crisis Committee to develop a district plan for crisis intervention. In fact, they should volunteer to chair the committee.

District Crisis Committee

This district level committee would provide the following functions: (a) serve as the link between the district's senior staff support service units on matters pertaining to crisis intervention; (b) assess district needs and establish annual goals and objectives in crisis intervention; (c) plan and organize district wide meetings to provide direction and training for central office and itinerant personnel; and (d) oversee development and preparation of appropriate crisis intervention publications and materials.

Responsibilities of this committee should also include the establishment of district policies and procedures and the development a crisis handbook that would provide information regarding the

formation of school site crisis teams and strategies that staff should use to assist students and adults following a traumatic event. Sample lesson plans and parent information, should also be included in the handbook.

School psychologists should ensure that each school has an established crisis team by requesting the names of each school team member. Psychologists need to include in the district plan a schedule for training all of the school site crisis teams and participate as a member of the training team.

The following should be considered when establishing school site teams:

1. A school crisis team should be established under the direction of the principal in each school.
2. Membership on the team includes on-site staff as well as support services personnel assigned to the school. A typical team might be formed from staff members such as an administrator, counselor(s), nurse, psychologist, physician, attendance counselor, teacher(s) and classified staff. The number of members assigned to the team may vary from school to school.
3. The school team is a *team for all reasons*—that is, for all types of crises. There is not a separate team for mental health crisis intervention, suicide prevention, etc.
4. The function of the school site crisis team is to assist the principal in: (a) assessment of the need for crisis intervention services as a result of a particular crisis situation; (b) initiating the school's action plan; (c) providing appropriate intervention services; (d) determining the need for assistance from the district support services crisis team; and (e) evaluation of outcome.
5. Members of the school site crisis team should meet periodically to update their knowledge and skills on crisis intervention techniques, materials, and procedures (*Handbook for Crisis Intervention,* 1994).

Psychological First Aid in Schools

This term was adopted by the district to draw a parallel between the physical interventions provided by *lay* people when there is a medical emergency and the psychological interventions that administrators, teachers, staff, and students can provide following an emotionally traumatic event. In both situations, appropriate planning and training is necessary to be successful.

General principles of psychological first aid include:

1. Provide immediate, direct, active, authoritative intervention.
2. Recognize people in crisis as in a temporary state of disturbance, not mentally ill.
3. Communicate a sense of self-confidence.
4. Communicate in a calm organized way; help limit disorganization and confusion.
5. Provide accurate information about the situation.
6. Accept every person's right to his/her own feelings.
7. Attempt to calm the victim and relieve the anxiety and stress, but do not make unrealistic promises.
8. Accept a person's limitations as real.
9. Do not impose your methods of problem-solving upon the disaster victim; the person's own solutions will be most successful.
10. Listen actively.
11. Accept your own limitations in a relief role; do not attempt to be all things to all people (*Handbook for Crisis Intervention,* 1994).

Assistance Parents Can Provide

There are many activities or strategies school psychologists can suggest to parents to assist their child to deal with traumatic events such as the death of a playmate, fire, earthquake or acts of violence. The following are among the most effective techniques:

1. Talk with children and provide simple, accurate information to questions. Allow them to tell their stories about what happened.
2. Tell them about your feelings.
3. Listen to your children for signs of fear, anxiety, or insecurity.
4. Be aware of any changes in behavior such as sleep patterns, eating, physical complaints.
5. Reassure your child by telling him/her, "we are together" or "we will take care of you."
6. Respond to repeated questions. You may need to repeat information and reassurance many times.
7. Hold and comfort the child.
8. Spend extra time putting children to bed, talking to them and reassuring them.
9. Observe your child at play. Frequently children express feelings of fear or anger while playing with dolls, trucks, or friends.
10. Provide play experiences to relieve tension.

Summary

By increasing involvement in crisis intervention teams, psychology increasingly will be viewed as indispensable in the schools. In brief, you now have a strategy that can guide you and your district in establishing and training regional and school site crisis intervention teams that include psychologists in substantive roles. A brief model for developing a district-wide plan was presented with a rationale for why psychologists need to play a critical role in the development of district-wide crisis intervention plans, and, for no extra charge, 11 important principles of psychological first aid were provided so that the training of staff can begin. Finally, specific suggestions for parents were included so that the next time the media calls and asks how parents (or teachers, for that matter) can help their children following a crisis, you have an answer.

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Chapter Twenty-Five

Making Psychology in the Schools Indispensable: Our Role in Crisis Intervention

Karen A. Young, Scott Poland, & Loysanne Griffin

Forty years ago events that affected school staff and students were minor in comparison to those we read about in newspapers and see on television today. Principals listened to complaints about things like students' gum chewing, running in the halls, and not putting paper in the wastebasket. Today, school personnel and students are exposed to an increasing number of tragic events, including abuse, assaults, homicides, death, suicide, gang warfare, weather-related disasters, and accidents. In addition, our nation's geographically mobile population, economic reversals, downsizing of companies and layoffs, and high divorce rate are resulting in an increasing number of students who are affected by the stresses of their parents as well as their own experiences.

What is a Crisis?

Pitcher & Poland (1992) interpret a crisis as an important and seemingly unsolvable problem with which those involved feel unable to cope. It is the perception of the individual that defines a crisis—not the event itself. The individual in crisis will have a very difficult time negotiating life while in this crisis state and rational thought processes and objectivity in confronting and "thinking through" a problem are temporarily lost. People respond to events in different ways and to varying degrees. Young children may react with whining and clinging behaviors, night terrors, school avoidance, and aggression. Reactions of young adolescents can include somatic complaints, academic failure, and rebellion, whereas older teens might exhibit agitation or decreased energy levels, irresponsible or delinquent behaviors, concentration problems, and less interest in the opposite sex (Sandoval, 1988). Furthermore, adults often have problemswith decision-making, inertia, disorganization, and emotional lability.

Our Current Role

For psychologists to become indispensable in the schools their roles can no longer be limited to assessment and identification of students in need of special education services, helping teachers manage the behavior problems of students, and supporting student's self esteem. To become indispensable, our role must be expanded to include planning and implementing interventions to address crises that impact school staff and students. Planning and implementing crisis interventions must be viewed as ever-evolving tasks that should be listed as priorities in the job descriptions of psychologists, administrators, and other school personnel. Psychologists are in the unique position to have expertise about the

psychology of crisis events as well as the developmental stages of children and adolescents (Sandoval, 1988).

Preparing Ourselves

Experiencing a crisis first-hand is not the optimal method to prepare ourselves to assist school personnel and students. Pitcher and Poland (1992) pointed out that most crisis planning is done in the aftermath of traumatic events. Unfortunately, school personnel lack training, preparation, and planning in this important area and have a tendency to believe that a crisis will not occur at their school. One only has to read the newspaper to be bombarded by the volume, intensity, and severity of school crisis situations. It is likely that any situation that one could imagine as too horrific to have ever happened has probably already occurred, and been dealt with by school personnel.

There are several ways psychologists can educate themselves about crisis intervention. Knowledgeable professionals present workshops and publish literature that provide excellent information on this topic. Local, state, and national psychological organizations offer convention sessions. In addition, university level courses furnish practical advice. Lastly, psychologists may seek consultation and supervision with other professionals who have expertise. These strategies can do much to prepare psychologists for the time the telephone rings with the news of a crisis.

Marketing Ourselves

Becoming indispensable begins with promoting the range of services that psychologists can furnish, both directly and indirectly, to students, school personnel, and parents. After seeking appropriate training to ensure competency, psychologists should be ready to become involved in crisis prevention, intervention, postvention, education, training, and support services. To that end, psychologists need to be assertive and take a proactive approach.

Many psychologists who are not employed by the schools, but who have excellent skills in individual, family, and group therapy, find numerous obstacles when faced with intervention in a system such as a school district. For this reason, taking the role of a consultant many prove useful. After having received an initial invitation for involvement, approaching school personnel with, "let's put our heads together to see if we can avoid some of these problems next time" or "some other districts have had some nice ideas to avoid this sort of thing; what do you think?" may be the beginning of a long and constructive collaboration (Pitcher & Poland, 1992).

Psychologists can empower school personnel with the knowledge that preparation and practice will lead to quicker and appropriate response, less contagion effects, and resolution of a crisis event. How can this be done? Some suggestions include (a) reminding administrators of your areas of expertise; (b) writing memos, advisories, or "how to" information sheets for distribution; (c) providing copies of literature to administrators; (d) volunteering to give presentations, inservices, workshops; (e) being visible and available, and offering to consult and attend meetings and staffings; (f) consulting with other professionals on the local, state, and national level; and (g) offering a wide variety of psychological services that extend beyond evaluations.

Train and Support School Personnel

School administrators historically have not received training in the area of crisis intervention. Most school personnel are not prepared for a crisis and have been caught with their "plans down" (Pitcher & Poland, 1992). All school personnel who interact with students including counselors, teachers, psychology interns, librarians, secretaries, aides, custodians, bus drivers, and cafeteria workers must be taught the basics of crisis

prevention, intervention, and resolution. This training can be accomplished through group presentations, collaboratively developing and writing crisis intervention plans, facilitating crisis drills, and preparing and distributing handouts. During an actual crisis event, psychologists should be on-site to advise school personnel and model appropriate intervention strategies.

Make Prevention a Number One Priority

It is difficult to get exact figures on the number of homicides, assaults, suicides, and other tragedies that occur at schools each year. School districts are not required to report crimes and violence. Historically, districts have tried to maintain their independence from the judicial system and often do not report crimes to authorities. However, more accountability likely will be required of our schools and administrators in the very near future.

Regrettably, there are increasing numbers of students and adults with severe psychiatric disorders who are not being attended to in community or mental health settings. According to Pitcher & Poland (1992) reasons may fall into the following categories: (a) the child/adolescent or the family does not recognize the need for mental health services, (b) the child and the family are so dysfunctional they cannot organize involvement with community agencies, (c) no low-cost or affordable alternatives are available within reasonable distance, or (d) for one reason or another, the child and family have "burned their bridges" with other local mental health agencies.

Psychologists should advocate steps in the direction of prevention as well as intervention. Thus, the general requirement for skills is actually twofold: (a) to establish crisis management procedures that support effective coping/management behavior during extreme emotional states and that will help to return the system to normal functioning as quickly as possible; and (b) to introduce crisis prevention activities that will reduce the probability that the crisis will recur (Pitcher & Poland, 1992). Throughout a crisis, a continual push must be maintained to look beyond just "surviving" the present situation.

Psychologists should be a proactive force to use each crisis experience as a learning experience. Even though crises occur unpredictably in the course of a professional lifetime, psychologists can be assured they will experience multiple opportunities to practice their skills. It is possible and necessary to plan for them, just as we do for fires, tornadoes, and bomb threats.

Prepared and Ready to Intervene

Thankfully, the emerging trend is for school districts to be more active following a crisis. Psychologists should be prepared to intervene by conducting informal or formal assessments; making recommendations, referrals, consulting with parents and other professionals, and following up on the disposition of the case or students.

Students or schools in crisis need immediate attention in order to restore normal emotional functioning or at least to stabilize emotional functioning (Pitcher & Poland, 1992). It seems logical and appropriate that psychologists working in the schools take primary responsibility for rendering psychological first aid.

Pitcher & Poland (1992) suggest that psychologists focus on these four school related crisis skills arenas: (a) working directly with the individuals in crisis (e.g., suicidal students, behaviorally out-of-control students, victims of physical or sexual abuse), (b) consulting with professionals who work with individuals in crisis (e.g., teachers, especially those of "at-risk" students, counselors, and principals), (c) intervening during and just after a disaster when large numbers of staff and students are in crisis, and (d) consulting with administrators to develop a district-wide comprehensive crisis management system.

Even though children are resilient, it is

necessary for psychologists to take the lead in seeing that a number of steps outlined by the National Institute of Mental Health are followed:

1. School personnel are encouraged to seek out children who need their help.
2. Children need to be provided with opportunities to express their emotions and be given permission for a range of emotions. The most common reactions that children have to a crisis are fear of future bad events, regression in behavior, and difficulty sleeping.
3. Parents need to be provided with information about childhood reactions to crisis as well asspecific suggestions about how to assist their child. This strategy can be accomplished by conducting a meeting with parents as quickly as possible.
4. Psychologists should work closely with building staff who know the students. The psychologist can prepare the school counselors, teachers, and administrators to be responsible for different intervention components and to employ these basic techniques: (a) keep the staff and students together who have experienced a crisis; (b) let everyone tell their story so others can learn that their feelings are normal; (c) help should come from those known to the survivors as much as possible, such as local counselors and clergy; (d) provide emotional support as quickly as possible; (e) remember they are survivors, not victims; (f) allow ventilation of feelings; (g) provide support and referral information; (h) help survivors prepare for the future; and (i) assist survivors to replace visual images of the injured or dead with positive ones.

Psychologists can provide and supervise crisis intervention activities at three levels in the schools. It is not enough to respond only to the initial needs of the school when a crisis occurs. Psychologists can help school administrators in determining the long term affects of the crisis and, most importantly, what can be done to prevent a crisis in the future (Pitcher & Poland, 1992). Primary prevention activities would be devoted to preventing a crisis from occurring (e.g., developing conflict resolution, gun safety, and safe driving programs). Secondary intervention steps would be taken in the immediate aftermath of a crisis to keep the crisis from escalating and minimize its effects (e.g., quickly removing students from potentially dangerous situations, leading a classroom discussion on death and loss immediately after a death of student or teacher). Lastly, postvention would entail providing on-going assistance to those who experienced a serious crisis (e.g., weekly counseling for those who survived a school bus accident for the remainder of the year with follow-up after that).

Some students will need a longer period to recover from a crisis. Psychologists in the schools are able to consult with parents, provide counseling, make referrals to agencies, and monitor the student's progress at school. Follow-up may last from a brief period of a few weeks to a year or more depending upon students' abilities to progress and support systems available to them.

What We Need to Avoid

Some administrators are still resistant to seeking help for students in crisis. An example is a tragic shooting that occurred at an elementary school in Illinois near the end of the school year in 1988. This incident was described in detail by Dillard (1989), the school psychologist. He was at the central office when the incident occurred and made immediate plans to go to the school only to be told by superiors to stay away. Although Dillard had no idea about the appropriate duties

to perform he felt a need to go to the scene. As a result Dillard became the advocate for the students having opportunities to process the incident that had occurred and, in fact, held meetings with students and parents throughout the summer.

We do not want to be left out when psychologists are capable of providing a very necessary service to the schools. In districts that have not yet developed crisis plans, psychologists can offer that assistance. When a crisis occurs, district psychologists should go to the school; talk with the principal and counselors; volunteer to meet with the teachers before personnel talk with students; take supplies such as paper, crayons, and puppets to assist in counseling with younger students; provide referral lists, crisis hotline cards, and contract forms; and counsel students, either individually or in groups. In districts with well developed crisis plans, psychologists occasionally should remind principals and personnel of their expertise and ability to alter their schedule to go quickly to a school in crisis.

A national trend is emerging to hold school personnel more accountable for crisis planning and intervention. In fact one state, South Carolina, has passed legislation requiring that each school have a crisis plan. National goals have been set to make our schools drug and violence free by the year 2000 and President Clinton is working with Congress to consider legislation to provide funds for schools to implement safety and conflict resolution programs. Many administrators have written moving first person accounts of the day that tragedy struck their school and have called for other schools to take preparatory action (Poland, 1989).

As youth suicide continues to increase, so grows the number of cases where schools have been sued after the suicide of a student. The key issue is not whether or not the school somehow caused the suicide, but whether the school failed to take reasonable steps to prevent it. Schools have a responsibility to have prevention programs in place, foresee that a student who is threatening suicide is at-risk, take steps to supervise that student, and obtain psychological help for them. School personnel also must notify parents whenever they have reason to believe a student is suicidal.

Pitcher & Poland (1992) discussed the reluctance of school personnel to process numerous crisis incidents. Psychologists in the schools who have difficulty in getting principals and superintendents to devote time to crisis planning may want to focus their energies on related topics (Burneman, 1995). It is very important to be persistent and keep writing crisis plans and providing those that are reluctant with books, journal articles and newspaper clippings about crisis situations. The sad reality is that most school crisis planning occurs only after a tragedy.

The Ultimate Consultant

Psychologists in the schools can become indispensable by providing expertise and services beyond those that they have offered in the past. By taking the initiative to develop crisis plans, lead inservices, and serve on crisis teams, psychologists not only will empower personnel to intervene during tragic events, but demonstrate that they are indispensable in the provision of critical services. Psychologists have the opportunity to become the architect, initiator, trainer, service provider, and principal's advisor—the ultimate consultant and indispensable to any school district.

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Chapter Twenty-Six

Measurement Consultation

Randy W. Kamphaus

This is a true/false test.

Item 1. Psychologists are measurement experts.

Item 2. Teachers and parents are seeking measurement services.

Item 3. Measurement consultation services are routinely advertised to schools by psychologists.

Item 1. Answer: False

The answer to the first item is clearly false, although this myth is often repeated among groups of psychologists. Perhaps the best way to make this point is to paraphrase Lloyd Bentsen by saying, I have worked with many fine measurement scientists and psychologists are typically not measurement scientists. In fact, most of the measurement scientists with which I have had the pleasure to work would not identify themselves as psychologists.

Most psychologists, and other assessment workers in schools, make the same measurement errors when choosing and interpreting tests for the purpose of learning disabilities diagnosis (Shepard, Smith, & Vojir, 1983). In fact, psychologists continue to make ill advised interpretations of tests relatively routinely (Matarazzo, 1990). Psychologists also select tests poorly by not carefully considering the psychometric and practical strengths and weaknesses of each measure under consideration (Kamphaus, 1993). The famed O. K. Buros lamented the lack of psychometric rigor that psychologists apply to the test selection process. Dr. Buros' pessimistic view of the test user (which includes the psychologist) is summarized in this 1961 quote from *Tests in Print.*

It is difficult to allocate the blame for the lack of greater progress. We think, however, that the major blame rests with test users. The better test publishers would like to make more moderate claims for their tests. Unfortunately, test buyers don't want tests which makeonly moderate claims. Consequently, even the best test publishers find themselves forced by competition to offer test users what they want. Bad usage of tests is probably more common than good usage. Must it always be this way? We are afraid so.

We should not, however, single ourselves out for self-recrimination as many of our fellow professionals also select and use instrumentation poorly.

I am also reminded during our annual admission process that many undergraduate psychology majors are no longer required to take

a tests and measurement course. Moreover, it seems that the demands of practicum and internship make it increasingly difficult for our graduate students to take advanced statistics and measurement coursework. We need to take care not to ignore such a central aspect of psychological science because of complacency. Our colleagues in related professions have served to remind us that psychological assessment is a valuable service by attempting to adopt instrumentation such as the Minnesota Multiphasic Personality Inventory (MMPI) and the Wechsler scales for use by nonpsychologists. A positive outcome of these guild protection skirmishes is greater interest in enhancing the psychological assessment function of our profession.

Most psychologists are like our alumni in that they have taken several assessment courses such as intelligence and personality testing and behavioral assessment. These courses are frequently applied and offer little formal measurement science training. Similarly, graduate students usually take several statistics courses that cover topics such as univariate and multivariate statistics. These courses also offer little training in measurement science. An even smaller number of psychologists take a course in measurement theory which exposes the trainee to various measurement models and provides an overview of classical and modern test theories and specific methodologies such as factor analysis. Even fewer students take the courses necessary to become competent measurement experts. Such courses would include factor analysis, structural equation modeling, and item response theory.

Psychologists do have considerable measurement expertise when compared to physicians, social workers, and other professionals delivering psychological services to schools and children. We are, however, far from qualified to portray ourselves as measurement experts.

It is important for us to know our boundaries of measurement competence for both ethical and professional development reasons. If we can identify our preservice and inservice training needs for developing measurement competence then we can become a repository of measurement expertise. Nevertheless, we are far from being identified as measurement illiterate. We can, however, become the measurement elite which would put us in a position to deliver services that are indispensable to schools.

Item 2. Answer: True

The measurement expertise of psychologists has always been valued by American schools (French & Hale, 1990). Simultaneously, the measurement work of psychologists has also been the source of great controversy. Regardless of the periods of controversy, it is likely that the measurement expertise of psychologists will prove too valuable to eschew. I am proposing, however, that we create a new service that could make our measurement expertise truly indispensable. Specifically, I suggest that we consider merging our measurement and consultation skills in order to deliver more measurement services through an indirect service delivery model.

The terms measurement and consultation have been chosen carefully to represent a new and needed service to schools and other educational institutions. In the future, psychologists will be less likely to provide direct testing services. Routine assessment services can, for the most part, be provided by individuals who do not hold the doctoral degree (Cummings, 1995). Individuals with masters and specialist degrees in school psychology, psychometry, and related fields can competently administer, score, and interpret a variety of tests. Moreover, these testing services are typically offered by such professionals today.

Psychologists, on the other hand, can become equally indispensable to schools because they possess measurement knowledge and competencies that are currently not duplicated, or provided on a large scale basis, by other

professional groups. Put simply, we are the only readily available cadre of behavioral science professionals who take advanced coursework in measurement theory and measurement statistics. While other professionals take basic statistics and measurement courses, psychologists are often required to master multivariate statistical methods and the measurement theory that underlies the typical graduate level clinical assessment and tests and measurement coursework. Moreover, our advanced graduate school experience increases the likelihood that we can become involved in sophisticated measurement research. Finally, we often avail ourselves of coursework covering a variety of measurement models including single courses or course sequences dedicated to qualitative research methods.

This advanced behavioral science training allows the psychologist to answer important questions about a variety of measurement issues of interest to educational professionals and parents. Some measurement questions of interest include:

1. How do I interpret the scaled score offered for multilevel group administered achievement tests? I do not, for example, know how to interpret a score of 341.
2. Why are my child's mathematics achievement test scores getting lower with increasing age?
3. How do I assess the spelling skills of my class? I do not think that the tests that other teachers are using are appropriate for my class since I teach spelling differently.
4. What can I do at home to raise my child's score on the Scholastic Aptitude Test (SAT)?
5. We want to use measures other than IQ tests to assess children for enrichment classes. What measures can we use?
6. I completed an attention deficit hyperactivity disorder (ADHD) checklist in a parents magazine and it said that my child probably has ADHD, the teachers, however, tell me that he does not have ADHD. Who is correct?
7. Is there a medication that will help my daughter's test scores?
8. We are using portfolio assessments widely in our school. How do we ensure that they are not culturally biased as some parents fear?
9. My neighbor said that she thinks that my child did poorly on the achievement testing this year because of our divorce. Is that likely?
10. I get terribly nervous before tests and I am worried that I will not pass the high school competency test. What can I do?

These examples call upon many areas of psychological measurement science including latent trait scaling methods, item bias detection techniques, test development skills, knowledge of the effects of coaching, regression effects, behavioral influences on testing, and other concepts. In my view, the psychologist who can answer these questions will be perceived by stakeholders such as parents and teachers as indispensable. Moreover, it is readily apparent that the answer(s) to most of these questions do not require testing per se but, rather, consultation that is supported by measurement science.

Some of the desirable assessment and associated consultation services that may be offered routinely to educators and parents might include:

A parent information session at the beginning of each school year. This session could be used to inform parents of the various assessment procedures to be used during the upcoming year ranging from special education diagnostic services

to ongoing assessment of academic skills. Such a session could be invaluable for enlisting parental support for the completion of rating scales and other efforts that may require their assistance. This session could be followed by a couple of parent drop in sessions that are offered later in the year.

Assessment consultation services could be delivered via teacher information sessions. This session may serve as an open forum for teachers. This venue may also have a didactic component that explains phenomena such as the identification of giftedness and appropriate interpretation of derived scores based on latent trait theory and other methods.

Test development assistance may be welcomed at the classroom, building, or district levels. Psychologists could offer guidance and support for every step of test development ranging from test conceptualization to statistical studies of bias and validity.

A psychologist may offer screening systems design. Screening systems that benefit from measurement expertise include kindergarten readiness and mental health problem early identification programs.

Test selection services. School districts are highly interested in identifying methods and practices that are appropriate for implementing newly mandated selection criteria, and time and cost efficient testing practices.

Test anxiety and preparation reduction groups for children and adolescents. This service is direct rather than consultative, but it is an example of the application of measurement expertise to groups as opposed to the typical practice of individual testing.

Item 3. Answer: False

Psychologists currently offer these services in a haphazard fashion. They already provide services such as coordinating all aspects of the school district's group achievement testing program, developing a performance based assessment system for a large urban school district, coordinating a child find early screening program for preschoolers who are suspected of handicapping conditions, direction of a school districts special education assessment process, and program evaluation design for applications for external funding of special projects.

Perhaps these services would be more salient to our graduate students and schools if measurement consultation served as a recognized field of inquiry. At this point I am unaware of psychology training programs who offer a course that might be titled Applied Measurement Consultation. Such a course could offer training in clinical psychological and educational test development, screening assessment design, assessment for program evaluation, linking assessment questions with content areas of psychology such as development and psychopathology, and consultation with parents.

Currently, the overused term in political circles is grassroots organization. Although the term is overused, this concept does have implications for psychological services in schools. Our measurement consultation services must be highly visible and valued by many constituencies in order for them to become sought out by schools. The most successful measurement consultation services will be those that appeal not only to the school administration, but also to teachers, parents, and yes, children.

I propose five steps for the development of a highly valued measurement consultation service that will be viewed as requisite to successful schooling.

1. Obtain the necessary measurement training and/or develop a list of consultants that can be called upon as their expertise becomes necessary.
2. Prepare a menu of services to be offered and market these services to all of the constituencies at the school or school

district level.

3. Emphasize services that impact as many constituencies as possible in order to increase the marketability of future services.
4. Systematically evaluate the effectiveness of each service which should also include collecting feedback from participants. Positive evaluations of this nature provide invaluable grassroots support for psychological services.
5. Develop new assessment consultation services based on continuing education that is accrued.

We should recognize that in many quarters psychological services are deemed indispensable by schools. Our challenge is to not spend an inordinate amount of time protecting existing services but, rather, we must innovate at a rate that ensures the value of our profession. Psychological services are not unlike the computer industry in that the most successful companiescreate new products at a dizzying pace. The changes in health care and schooling practices are now forcing us to innovate at an unparalleled pace. Fortunately, for our profession, school-related measurement issues have presented ample practice opportunities for psychologists for nearly a century now. These societal measurement needs will likely remain prescient although sometimes they will present themselves in new forms. Our challenge is to provide a framework for innovation that will ensure that we meet these emerging needs. The service category of measurement consultation is one such framework.

The influential nature of measurement ideas for psychological services is demonstrated in the following quote by Arthur Otis. Otis was a student of Lewis Terman's who created the first group administered intelligence test which served as the forerunner of all group testing in this century. The following excerpt is part of a response that Otis gave in a television interview in 1959.

> ...Well, when World War I began, Major Yerkes, a psychologist at Yale University, conceived the idea that it would be very desirable to test the intelligence of the draftees as soon as they came into the Army so that the superior officers could pick out officer material and could place the men in the various functions of the Army to the best advantage. So he invited some other psychologists, Drs. Whipple, Terman, and Haggerty, to form with him a committee to consider the possibility of doing this testing. It was Major Yerkes' idea at the time that they would have to train a lot of psychologists to give the Binet. He didn't know anything about any group tests....So, fortunately perhaps, Dr. Terman presumably had a copy of my test in his pocket with him at the time. You see this incident occurred, this incident of World War I—just at the time that I was finishing my doctor's degree, and I had this manuscript of the test and it was pretty well standardized. Dr. Terman had been convinced that it was fairly sound and workable, and so he probably told him that they needn't bother with giving the Binet to everybody because there's a young fellow out at the University in my class who has made up a group test...

Hence, group testing in the schools became an indispensable component of American schooling. Hopefully, a measurement consultation framework for organizing some of our assessment services will lead to the development of equally valued services for the future. May we all be as insightful as Yerkes.

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Chapter Twenty-Seven

Psychology in Education as Developmental Healthcare: A Proposal for Fundamental Change and Survival

Stephen J. Bagnato

The survival of psychologists and psychological services in public education is a pressing concern of critical importance to children, families, and school systems. Nevertheless, the stated theme of this APA publication, "Making Psychologists in Schools Indispensable," is both a revelation and an indictment. This theme, itself, poses and tacitly acknowledges two serious propositions: (a) that psychologists and psychological services in schools are in grave jeopardy; and (b) that *school psychology,* the identified school-based psychology subspecialty, has failed in its mission to make psychology an indispensable part of public education. This position paper agrees reluctantly with both obulous and long-ignored propositions, but offers guideposts that will contribute to a broader reconceptualization of psychology in education and to its rebirth and viability.

Psychologists advocate that the critical first step for clients to change behavior and personality is to define the problem and to accept its validity. The main problem facing psychology in education is that school psychology is committing suicide; it narrowness of vision and compulsive resistance to change is causing its demise. School psychology has failed to convince its primary consumers of its value. People and organizations fail to survive and become irrelevant when they do not recognize the irrefutable signs of change and fail to adapt; unfortunately, the obituary of school psychology will read that it failed to heed 20 years of harbingers about the clear need for fundamental change. Moreover, school psychology as a field is individually responsible, not only for failure to fulfill its own primary mission, but also the jeopardy to which it has exposed its professionals. It is time for psychologists in schools and for trainers of school psychologists to conduct a *reality check* and to accept the above propositions.

Notwithstanding, psychology in education can survive and actually thrive, but only if it heeds the failure of the past and charts three major new directions: (a) reintegration and reidentification with mainstream psychology; (b) demonstration and promotion of its value to all aspects of public education within the larger community; and (c) formation of partnerships with the emerging healthcare sector by establishing school-based developmental healthcare initiatives.

Reintegrate with Mainstream Psychology

It is debatable whether a separate subspecialty of psychology in education should continue to exist. At a time when regular education, special education, and healthcare fields are advocating

relentlessly for generalist services that are high quality, efficient, and effective, psychology as a profession is expanding its increasingly narrow subspecialist disciplines in which doctoral training is promoted as entry level. It is understandable that managed healthcare licensing panels are making it more difficult for psychologists in education to qualify as a sanctioned provider given the restricted focus on testing and learning disability, primarily; the highly variable training programs; and the myriad of end degrees (e.g., Ed.S., M.S., M.Ed., Psy.D., Ed.D., D.Ed., Ph.D.). It is also to be expected that other more creative providers are *stealing our turf.* For example, educational diagnosticians perform the major testing responsibilities in many school districts and states. Licensed social workers (LSW) have developed highly effective and economical behavioral consultation as well as individual and family therapy practices connected with both the schools and community agencies, but in partnership with managed healthcare purchasing groups. Moreover, school psychology training has focused too much on the *mechanics* (i.e., administering tests) of the professional while giving too little emphasis to the *dynamics* of the profession (i.e., team building in schools, nurturing family-professional collaboration, problem-solving around system-wide issues). Yes, these are emphasized topics in some training programs, but of secondary emphasis in general; furthermore, employers have learned to expect the traditional testing functions to be primary. It seems timely that we as a subspecialty reconsider the benefits of reintegrating with mainstream psychology.

The American Psychological Association (APA) needs to convene a task force to study seriously the benefits of consolidating subspecialties within psychology and psychology training. The continued fragmenting of psychology through relentless subspecialization or *guilding* of the association at a time when professional colleagues in education and medicine are pursuing generalist preparation and practice seems unwise. It is timely to consider a merger, for example, between clinical, school, developmental, and mental retardation and perhaps other subspecialties and subdivisions within APA in order to produce psychologists with uniform but expanded and comprehensive expertise. Numerous icons in the field of school psychology, for instance, have called for a retitling of this subspecialist as, for example, an *applied developmental psychologist.* Consolidation could have numerous benefits including systematizing training priorities for all students across university programs; reintegrating the identity of trainees as generalist psychologists with some identified specialty preparation; expanding the arena of practice for all psychologists; and promoting psychology to the public and to the healthcare sector as a unified allied health specialty with uniform training, degrees, and credentials. In the process, the viability of masters level training in the emerging economic environment needs to reconsidered. As a result of such consolidation, comprehensively trained generalist psychologists with expertise in educational applications of psychology to meet social, learning, and health needs can be ensured.

Demonstrate the Value of Psychology to All of Public Education Within the Community

A profession or business risks extinction when it severely restricts its market and its consumer base. Despite lip service and many years of genuinely creative initiatives to expand its reach within the public schools, school psychology has compulsively acted to protect its narrow role even within the narrow field of special education—namely, the testing, labelling, and placement functions for students with special needs. The elusive hope was that federal and state law would continue to underwrite a profession and give it ascribed value. Inexorable trends with federal

budget cuts ensure that the underwriting of the testing role will end—witness the threat to related services in the Senate version of the Individuals with Disabilities Education Act (IDEA) reauthorization bill. School psychology has proved incapable of moving beyond this narrow compulsion despite impassioned and clearly defined strategies for change from many influential individuals in the field.

Unfortunately, fundamental change requires serious risk-taking which has not been a distinguishing characteristic of traditional school psychology. Consider a strategic plan for the future of a profession or business which relegates its professionals to discharge one activity 80 to 90 % of the time to serve only five percent to, at best, twenty percent of potential consumers within a marketplace. Such a strategic plan courts economic disaster and by its very form is inefficient and inviable. School psychology has continued to guard its cherished, but discredited testing function even while special education moved to abandon the need for categorical placements, and regular education needed help on more pressing social matters. Because of fundamental changes in special education philosophy and federal and state mandates, school psychology, as it is currently configured, no longer has anything of value to offer special education. Special education has moved beyond school psychology in terms of the effective integration of students with disabilities into regular education circumstances. The nearly exclusive testing and diagnostic role, particularly intelligence testing, has made school psychology irrelevant to modern education and healthcare. Thus, school psychology has become a sub specialty without a purpose and without a venue.

The viability of psychologists and psychology within public education depends fundamentally on the capability of the field to demonstrate to teachers, principals, parents, school boards, and community partners and leaders that it can spearhead the design and implementation of effective solutions to the pressing social, learning, and health problems faced by all students within a school system. Thus, the consumer base for psychology services within education will expand and success will create the *need* for psychology services in other areas.

Make no mistake, psychology can be also an invaluable partner to special education and must be available to teachers, parents, and students in a full-service, school-wide program. The difference is that psychologists should focus their role and functions on strategies which they decide will have the greatest value and impact and on activities which consumers directly report (social validity) that they need without dependence on the presumed security of legally mandated activities. The new psychology in education must become a risk-taking and risk-sharing venture between the school board, the psychologists, and managed healthcare purchasing groups including other third party funding mechanisms such as MA and EPSDT Wrap-Around for as long as they continue to exist.

Moreover, psychology can benefit regular education and the entire public school system in numerous ways. Some ideas include: (a) working with principals and superintendents to implement facile, but effective instructional evaluation systems or new program monitoring systems; (b) grant-writing and proposal development so as to garner ongoing research and foundation support for new programs or creative community-based ventures; (c) sports psychology for the athletic programs; (d) developing programs to foster parent-school collaboration; (e) operating evening groups for parents on issues of normal child and adolescent development; (f) staff inservice training; (g) developing interagency partnerships with mental health and child welfare agencies and healthcare entities to implement approaches to address teenage pregnancy, school violence, drug/alcohol abuse; (h) spearhead efforts to teach team

decision-making in schools and to chair pre-intervention referral teams, school and district-wide; and (i) help to champion entrepenurial efforts for school districts such as operating child care centers or private tutoring business.

Establishing School-Based Transagency Developmental Healthcare Programs

The future and viability of psychology in education depends predominantly on the talent of psychologists (both as individuals and groups) to forge transagency partnerships with school systems, hospitals, community mental health centers, family health centers, primary care and family physicians, and managed healthcare organizations. In the future, it is likely that far fewer psychologists will be directly employed by the public schools solely, but will be semi-independent professionals funded through collaborative revenue pools from the partner agencies and augmented by state and federal monies to the extent that they exist. This risk-sharing scenario is already occurring across the U.S. and is being promoted as the most cost-effective and potentially most effective way of delivering comprehensive services within school systems. This trend is underscored by the state and federal funding cuts for school districts across the U.S., the move toward external contracting for psychology services, and the decreasing reliance on property taxes as the principal revenue base for school taxes.

Within the past three years, leaders within the psychology subspecialties and within the American Psychological Association have composed position papers on the role of psychology in reforming America's schools and in promoting more comprehensive and cohesive service delivery for children and families (Paavola et al., 1995; Talley & Short, 1995; Witt, 1995). Two trends and propositions are especially noteworthy in these position papers: interagency service coordination and integration and comprehensive school-based service delivery programs.

School-based or school-linked healthcare clinics or programs are increasingly touted as the future wave for ensuring comprehensive medical and mental health services for children and families in the natural community setting—the school. Such comprehensive *one-stop* service programs can ameliorate the high costs of a school district employing several specialists by pooling financial resources from cooperating partnership agencies to create a type of *convergent trans-disciplinary program* in which the collaborative professionals work jointly to fulfill common missions. Each of the partner agencies then arrive at a business agreement in which each shares equally in the revenues and possible specialty referrals. In addition, some managed care organizations (MCO) are organizing cooperatives especially designed to serve children and families with chronic illness and neurodevelopmental disabilities, mental health problems, and other complex needs.

One of the most unique examples of a transagency school-linked developmental healthcare partnership spearheaded by a psychologist is *Project CHILD: Collaborative Health Interventions for Learners with Disabilities—A Developmental Healthcare Resource Partnership* (Bagnato, Hamel, Belasco, & Nash, 1994-1997). Project *CHILD* is a three year model field-validation grant that this author was awarded by the U.S. Department of Education, Office of Special Education and Rehabilitative Services—one of only four model efforts funded nationally. Project *CHILD* is an innovative transagency partnership among Pittsburgh Public Schools, Children's Hospital of Pittsburgh, Western Psychiatric Institute and Clinic, and primary care pediatricians and family physicians that is based within inclusive early childhood classrooms in the city schools of Pittsburgh, Pennsylvania. The mission of Project *CHILD* is

to plan, deliver, and research the quality, efficacy, and cost-effectiveness of comprehensive developmental healthcare (i.e., physical and mental health) services to children 3 to 8 years of age who have three conditions: a chronic illness, behavior problem, and developmental delay or disability.

CHILD uses a transdisciplinary team of professionals who provide direct, consultative, training, and technical assistance support services to children, families, teachers, principals, and existing special education teams within the public schools. The *core* Developmental Healthcare Team consists of a psychologist, as team coordinator, parent, teacher, and pediatric nurse practitioner with specialty consultation as needed by a developmental pediatrician and child psychiatrist—all representatives of the transagency partner agencies. For instance, Project *CHILD* serves young children with seizure disorders, sickle cell disease, cancer, congenital and acquired brain insults, asthma, diabetes, and associated behavior and adjustment difficulties, and developmental learning differences and family coping problems. Project *CHILD* currently serves 45 children and is expanding its developmental healthcare services to offer weekly consultation tochildren and teachers in regular elementary school classrooms through a new service known as *School HOUSE CALLS*. One of the most tangible products of Project *CHILD* is the design of a Individualized Developmental Healthcare Plan for each target child and family which merges medical and mental healthcare goals and interventions with developmental/educational goals within the IEP/IFSP. The central missions of Project *CHILD* are to provide or implement:

1. pediatric medical and mental health consultation services linked and coordinated with the child's developmental and educational program;
2. equal parent and family participation with professionals in reaching team decisions about the child's comprehensive developmental healthcare needs;
3. an Individualized Developmental Healthcare Plan of healthcare goals and strategies that link to the child's IEP/IFSP;
4. consultation and monitoring of medical treatments and their functional impact;
5. improved communication between the family physician or the hospital and the school staff and teachers;
6. ongoing staff inservice training to address the medical and mental health needs of children;
7. on-site classroom direct intervention, observations, assessments, and behavioral and environmental interventions;
8. improvements in child social-emotional behavior, coping skills, social communication, teacher and school staff response to complex child needs; and collaboration parent-professional team decision-making; and
9. field-validation as the overall effectiveness of a *mobile* transdisciplinary developmental healthcare team.

After its three year field-validation, Project *CHILD* will demonstrate the viability of a psychologist-directed interagency model for delivering comprehensive services to the public schools that can be replicated and creatively reapplied by other agencies in an effort to make psychology in education an indispensable service when partnered with other specialties in creative, community-based ways.

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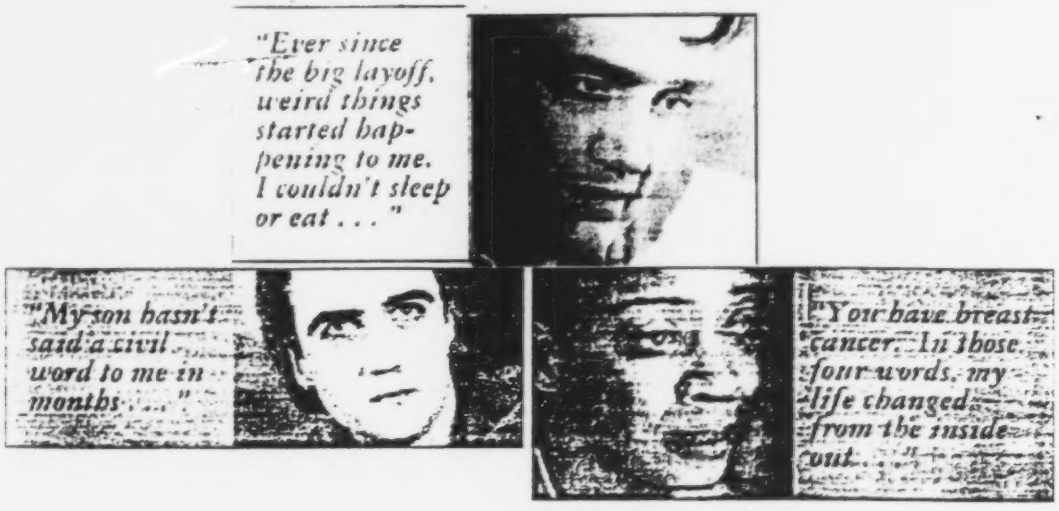
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Summarized from *Myths and Realities about ERIC* by Robert M. Stonehill, an ERIC Digest (EDO-IR-92) developed by the ERIC Clearinghouse on Information Resources at Syracuse University, Syracuse, NY, June 1992.

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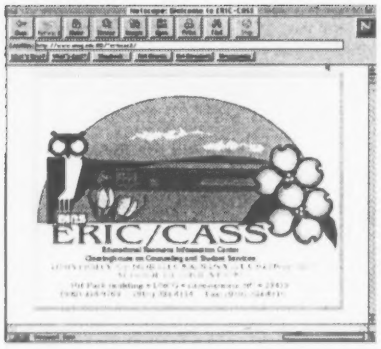
ERIC/CASS Resources

On the following pages is a partial listing of resources developed by ERIC/CASS that have relevance for psychologists including our website. As we are continually developing new resources, frequent checking of the website or becoming an ERIC/CASS Networker (see previous section) will help to keep you informed of new developments and the availability of new resources.



ERIC/CASS Website

University of North Carolina at Greensboro
School of Education
101 Park Building UNCG
Greensboro, NC 27412

http://www.uncg.edu/~ericcas2

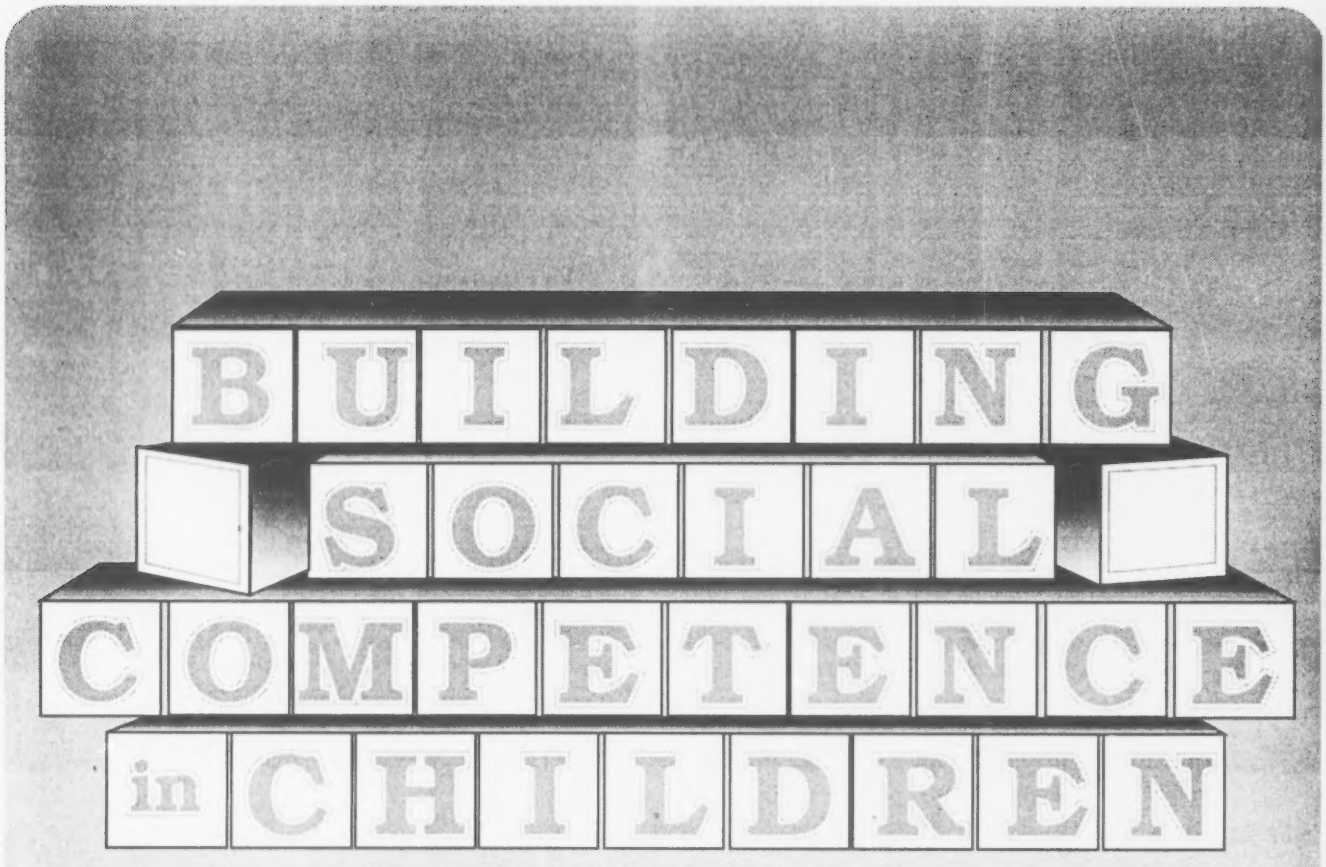
One of the best sources of educational information is ERIC—the Educational Resources Information Center. An appropriate first step in gaining access to ERIC is to locate the ERIC/CASS Website and through it identify a multitude of educational resources. Numerous "hotlinks" to other databases and websites can also be reached through the ERIC/CASS Website.

Through ERIC/CASS, the U.S. Department of Education's extensive educational resources can be accessed as well as special services of the ERIC system (AskERIC, Access ERIC and other ERIC Clearinghouses). Among the specific resources available on the ERIC/CASS Website are:

- Search capability of the ERIC database through the U.S. Department of Education
- Information on forthcoming ERIC/CASS Listservs
- Access to other members of the Counselor and Therapist Support System— CATS^2 :
  - National Association of School Psychologists
  - National Board of Certified Counselors
  - National Career Development Association
  - American Psychological Association—School Directorate
  - Canadian Guidance & Counseling Foundation
- Full text ERIC/CASS Digests
- Information on forthcoming conferences and workshops
- Shopping mall of publications and resources

For more information on ERIC/CASS, call (910) 334-4114, FAX (910) 334-4116, e-mail: ericcas@hamlet.uncg.edu, or access the ERIC/CASS Homepage at:

http://www.uncg.edu/~ericcas2.



A Practical Handbook for Counselors, Psychologists and Teachers

Lilian G. Katz
Diane E. McClellan
James O. Fuller
Garry R. Walz

A Collaborative Publication by
ERIC/Counseling & Student Services Clearinghouse
and
ERIC Elementary and Early Childhood Education Clearinghouse

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EC-201

Building Social Competence in Children

A Practical Handbook for Counselors, Psychologists and Teachers

Lilian G. Katz , Diane E. McClellan, James O. Fuller & Garry R. Walz

There is little of importance in our everyday lives that does not involve interactions with others. Almost all of the activities and experiences people count as meaningful and significant—family, life, work and recreation—include (or even depend) on relationships with others. In as much as interpersonal relationships constitute major sources of gratification, companionship, and enjoyment for most people of all ages, inability to initiate and maintain relationships is a source of anguish and loneliness even in early years.

The purpose of this book is to describe the many ways that counselors, psychologists, teachers and other adult helpers can assist young children with their social development.

MAJOR SECTIONS

I. Components of social competence
II. Influences on the social development of young children's social competence
II. Helping strategies
  A. General strategies
  B. Specific strategies
IV. Building social competence in children: counselor and therapist roles
V. Counseling interventions for building social competence
VI. Summary and conclusion
VII. ERIC resources on building social competence

This monograph provides specific illustrations and mini-case studies of techniques and interventions which can be used to build social competence. Notably, the suggested techniques and interventions are clearly described and relatively easy to implement, but built on solid research evidence. It is approximately 80 pages and will be available in the spring of 1995.

ORDER FORM

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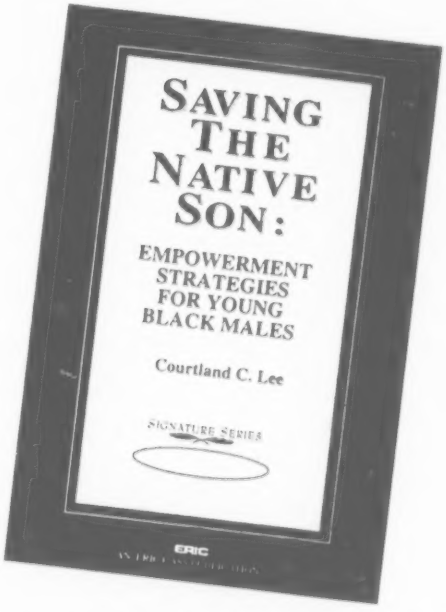
A Collaborative Publication by ERIC Counseling & Student Services Clearinghouse and ERIC Elementary and Early Childhood Education Clearinghouse

NEW! **Saving the Native Son: Empowerment Strategies for Young Black Males**

by Courtland C. Lee

In this greatly expanded and revised edition of the highly acclaimed earlier publication on *Empowering Young Black Males,* Dr. Lee has provided a monograph which is both comprehensive in its coverage (from grades 3 through adolescence) and brimming with practical ideas and interventions. It is a highly thoughtful and probing account of the needs and challenges facing Black youth. It also provides action packed training modules which are unique in the breadth and depth of the activities which they offer. An idea of the richness of the contents can be readily seen by a review of the chapter headings:

- ***The Black Male in Contemporary Society: Social and Educational Challenges***
- ***The Psychosocial Development of Black Males: Issues and Impediments***
- ***African/American-American Culture: Its Role in the Development of Black Male Youth***
- ***"The Young Lions": An Educational Empowerment Program for Black Males in Grades 3-6***
- ***"Black Manhood Training": An Empowerment Program for Adolescent Black Males***
- ***Tapping the Power of Respected Elders: Ensuring Male Roles Modeling for Black Male Youth***
- ***Educational Advocacy for Black Male Students***
- ***"S.O.N.S.": Empowerment Strategies for African American Parents***
- ***White Men Can't Jump," But Can They be Helpful?***
- ***"The Malcolm X Principle": Self-Help for Young Black Males***
- ***A Call to Action: A Comprehensive Approach to Empowering Young Black Males***



Counselors, psychologists, social workers, therapists and teachers will find this an immensely rewarding monograph to read and a highly useful resource for responding to the plight of young Black males. This monograph can be the start of a constructive and effective program for young Black males

---

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AMERICAN PSYCHOLOGICAL ASSOCIATION

APA PRACTICE DIRECTORATE

Office of Policy and Advocacy in the Schools

The Office of Policy and Advocacy in the Schools within the Practice Directorate of the American Psychological Association was established to address the needs of psychologists practicing in schools and school-related settings. Its primary constituencies include APA doctoral members who pay the Practice Directorate's special assessment along with their annual dues, with particular attention given to doctoral school psychology. When not in conflict with the needs of its primary constituencies, the Office also may engage in advocacy initiatives that may be of benefit to mental health practitioners outside the APA.

The Mission Statement of the Office of Policy and Advocacy in the Schools is as follows:

To strengthen and expand access to innovative, integrated and comprehensive psychological health care services provided by doctoral school and other doctoral health care psychologists in schools and other education and training centers, school-based and school-linked health care centers, and other settings; with sensitivity to the complex legal, ethical, professional, fiscal, systemic, and diversity considerations inherent in service delivery in such settings.

To accomplish its mission the Office works toward integration of its initiatives into the Practice Directorate's legislative, legal and regulatory, marketing, and public education campaigns. It also provides staff support to the Board of Professional Affairs (BPA) Task Force on Professional Child and Adolescent Psychology, the BPA Working Group on Psychological Assessment, and the BPA Working Group on Expanding the Role of Psychology in the Health Care Delivery System. In addition, liaison and coordination is sought among the Education, Public Interest and Science Directorates of the APA, as well as with organizations outside the APA. These include the Centers for Disease Control and Prevention, the Maternal and Child Health Bureau (Office of Adolescent Health), the National Association of Pupil Services Organizations, the National Assembly of School-Based Health Care, and the National Association of School Psychologists.

Office of Policy and Advocacy in the Schools
American Psychological Association
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Washington, DC 20002-4242
202/336-5858
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APA CENTER FOR PSYCHOLOGY IN SCHOOLS AND EDUCATION

The APA Center for Psychology in Schools and Education (CPSE) was established in 1994 to serve as the Association's focal point for schooling and education issues. It promotes the consistent presence of the field of psychology in policy, practice, research, and programs for schools and education. The Center also raises awareness of the profession's commitment to schools and education among APA members; national, state, and local policymakers; and the general public.

The Center functions to increase the credibility and effectiveness of psychologists in serving as advocates for policies related to education reform, school health, other learner-focused issues, practice in educational settings, and in securing external funding for research and educational development. The CPSE develops, advocates for, and monitors legislation and policy on national and state education issues for learners of all ages. It provides a distinctive focus on schools and education within the Association—a Center by which members, policymakers, and the public can identify psychology's commitment to schools and education.

To achieve these ends, the Center coordinates the planning, implementation, and evaluation of initiatives both within and outside APA. External efforts include federal, state, regional, and district advocacy of policies and practices related to psychology and education as well as liaison and information exchange with national educational and scientific societies, other professions, federal agencies, and the general public. The Center also provides a mechanism for coordination of APA programs that bring the knowledge and methods of psychology to bear on social reforms related to schools and education by working with and highlighting the work of APA directorates, divisions, and state psychological associations.

CPSE OPERATIONS

APA CPSE operations are organized around five critical management dimensions. Each of these operational dimensions addresses a key component of leadership concerning psychology in schools and education. Center operations include:

- ψ policy development and advocacy,
- ψ research and information,
- ψ marketing and public relations,
- ψ regulation, and
- ψ coordination/collaboration.

CPSE DIMENSIONS

Activities of the Center encompass all facets of psychology's role in American schooling and education, including health, personal, and social factors that influence schooling. These include:

- ψ science,
- ψ educational practice,
- ψ psychological practice, and
- ψ public interest.

The American Psychological Association Center for Psychology in Schools and Education welcomes comments and ideas from psychologists, educators, students, parents, policymakers, agencies, businesses, and the community.

Ronda C. Talley, Ph.D.
APA Center for Psychology in Schools and Education
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